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Original Articles.

NOTE ON THE PRESENT EPIDEMIC OF INFLUENZA.

By JAMES TYSON, M.D.,
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I AM inclined to believe that the cases of influenza which have come under my notice have been of more than average mildness, since they include but two in which I have been at all anxious, but one in which the prognosis seemed at all grave, and none which terminated fatally. While bronchitis, in some cases of a rather deep-seated character, was invariably present, in one instance only was pneumonia superadded to the other symptoms. In addition to the bronchitis, the symptoms upon which I have usually based my diagnosis were chilliness rather than positive chill, moderate fever (the temperature rarely exceeding 102°), laryngitis, faucitis, and general muscular and joint pain; the latter symptom was less frequent in my cases throughout this epidemic than in that of two years ago. Pain in the head, which seems to have been such a frequent symptom, came under my observation, with any degree of severity, in two cases only. Laryngitis was a frequent symptom, and sometimes occasioned uncomfortable dyspnoea.

Most striking, to me, in the present epidemic, has been the rareness of coryza and sneezing. One case which I saw in consultation was characterized by bronchial spasm, very marked and troublesome, in a lady of some seventy years, to whom asthma had previously been a total stranger. She recovered, but the bronchial spasm continued for a week, resisting

all ordinary remedies, including belladonna, iodide of potassium, the fumes of burning stramonium and nitre, and counter-irritation. It yielded finally to opium, which we at first hesitated to give her, because of its drying effect upon the secretions, which seemed already sufficiently scanty.

This case attended by bronchial spasm was accompanied by further peculiarity in a markedly irregular heart, to which symptom also she had been a stranger. The symptom alarmed the attending physician very much, as there was a decided intermission of one, and even two beats, separated by a very small number of normal strokes. This was unaccompanied by any murmur, and gradually disappeared as the case progressed toward improvement.

Treatment.—As much of my treatment as could be regarded as at all routine in character was the ordering of the patient immediately to bed, and the administration regularly of phenacetine and quinine, the former in 5-grain doses every four hours until the peculiar pain was relieved; the quinine in 2-grain doses as often—that is, every four hours, throughout the illness—for its roborant and supporting effect.

As for the rest, my treatment consisted of such remedies as seemed called for by the symptoms as they arose. As already stated, the bronchitis proved almost always very troublesome; the measures directed especially to it, including gentle counter-irritation, solution of citrate of potash, in ½-ounce doses every two or three hours, to which chloride of ammonium was added in 3 to 5-grain doses, along with some syrupy-like expectorant, such as wild cherry, syrup of squills, or of tolu. When a more stimulating expectorant appeared called for, I preferred to add the aromatic spirits of ammonia, in

$\frac{1}{2}$ -drachm doses; and I was always ready to give whiskey and milk where there was any indication of failing strength.

The case of pneumonia which rather unexpectedly recovered was that of an old lady, at least seventy-two years old. She was treated by dry cupping, followed by turpentine stupes, associated with the fullest stimulation, while strychnine was given as a cardiac tonic, in $\frac{1}{30}$ of a grain dose, every six hours, and, for a time, ever four hours. In fact, I used strychnine in every case; not always, of course, in such large doses where the illness was at all prolonged or stubborn in other ways.

That influenza belongs to the class of infectious diseases, without being, however, contagious, there is growing evidence, apart from the claim recently made that a specific bacillus has been discovered by Pfeiffer.

Without being able to give conclusive proof that the practice is well founded, I am in the habit of giving quinine, as a prophylactic, in doses of 6 to 8 grains a day, for an indefinite time.

CLINICAL NOTE ON EPIDEMIC INFLUENZA OR GRIP.¹

By FRANK WOODBURY, A.M., M.D.,

Professor of Clinical Medicine in the Medico-Chirurgical College of Philadelphia, etc.

A TIDAL wave of ill-health has passed around the globe, and, in its course, all parts of the world, and all sorts and conditions of men have been made to suffer from its malign influence. Starting in Eastern Asia, or the interior of China, where thousands of unburied corpses of human beings and animals were left to breed corruption and pestilence after the disastrous floods of 1888 and 1889, it was announced in the fall of 1889 that epidemic influenza was on its march through Russia, and soon afterwards it made its presence in the capitals of Europe. At first it was treated as a matter of jest, especially by those who had not yet been attacked by it, but as the number of these rapidly diminished, and the sadder and wiser victims increased, it became evident that it was, by no means, a jesting matter. In Paris, it prevailed so extensively that its results upon the death-rate, and upon commerce and industry, were estimated to be worse than an epidemic of cholera. Early in the year 1890, it prevailed extensively in the cities along the seaboard in the United States, where it almost paralyzed business of all kinds, and caused great loss of life and money. In its wake followed catarrhs, nervous affections, and other sequelæ, which have persisted up to the present time, showing that the epidemic had not entirely died out. The very mild weather of the present winter has favored a fresh outbreak of the affection, which now became so widespread as to assume the character of a pandemic, bringing to mind the plagues of the middle ages.

The principal form of this wave of ill-health has received the name of epidemic catarrhal fever, or epidemic influenza, but it is accompanied by subsidiary epidemics of diphtheria, and other infectious diseases, such as varicella. The use of the term "la grippe" is considered by medical authorities as an affectation; the English word "grip" is scarcely more acceptable, but as it is short and easier to pronounce than epidemic influenza, it appeals to the intensely practical American mind, so that the word

grip is now so incorporated into our language of daily life that it will not be readily discarded; moreover, this word is not of recent introduction, since a former outbreak during the incumbency of President Tyler, was commonly called the "Tyler grip."

In any study of the pathology of this disease it is necessary at the very outset to establish in your minds a distinction between ordinary influenza and epidemic influenza. We are accustomed to make such a distinction in the case of cholera, and every one acknowledges the fact that important differences exist between cholera nostras and cholera Asiatica, or the sporadic and epidemic forms. This difference is so real in the case of influenza that the use of the same term to the common form of catarrhal inflammation and the special epidemic form of infection is to be deplored; they are alike neither in cause, clinical course, or pathology. The word influenza is said to have been first used in Italy in the early part of the last century to designate a morbid influence, which was supposed to cause the epidemic, but it is no more scientific or definite than the English term "grip," meaning a seizure, which, by the way, etymologically, is quite as correct as apoplexy or croup.

Grip is not the exact equivalent of epidemic catarrhal fever, and is more comprehensive than this; for many cases have no catarrhal symptoms from first to last, whatever. In every case of grip, however, we may recognize a nervous element, either in the hyperæsthesia causing increase of reflex movements, such as cough, spasmodic breathing, dyspnoea, sneezing, vomiting, shivering and tendency to convulsive muscular movements; or in the pains in the back, headache, joint and bone pains, muscular soreness and tenderness; as well as in loss of motor force, neurasthenia, prostration, muscular weakness, cardiac weakness, with slow pulse, sometimes intermitting. It is evident from the symptoms that we are standing in the presence of an infectious disorder, belonging to the same class as dengue, cerebro-spinal meningitis, small-pox, diphtheria, relapsing fever, typhus and typhoid fevers, something far graver than a simple catarrhal fever. It is both infectious and contagious, being spread both by a general cause, such as what our fathers would call the epidemic constitution of the atmosphere, miasmatic condition, or malaria (bad air), and also by contact from person to person. In the latter cases, which are comparatively rare, the period of incubation is variable, but appears to be about eight days, but may be much less. Where an individual in a household is taken sick, this is usually followed, in about a week, by a local outbreak among other inmates, just as the first patient is convalescing. That it can be conveyed by fomites was proved in a family epidemic reported by Dr. J. William White,¹ of this city, in which a distinguished fellow-citizen having died with the disease in Paris, his body was brought home, and the casket was opened to identify the remains by his family. Those in the room at the time of this exposure subsequently suffered with influenza. The fact of the contagious character of the disease is also shown in the utility of isolation and non-intercourse in preventing its spread. This has been demonstrated by Dr. Trudeau, at Saranac Lake, New York.² Instances are also given of an infection of a ship's crew by a passenger coming from a place where influenza was prevalent, the dis-

¹ A Contribution to the History of Influenza, being a study of a series of cases, by John Guitéras, M.D., and J. W. White, M.D. *Philadelphia Medical Times*, April 10, 1880.

² *Medical Bulletin*, February 15, 1890.

¹ Lecture delivered January 11, 1892, at the Medico-Chirurgical Hospital.

case breaking out about a week later and affecting most of the ship's crew.¹ In this instance the influenza recalls to the mind similar outbreaks of yellow fever, cholera, or small-pox on ship board.

The general profession is not so much concerned about the exact physical and biological characters of the bacillus, whether, indeed, Ribbert, or Pfeiffer, or some one else, has found, or has failed to find the true microbe; since the clinical relations of the disease establish the fact that it is due beyond question to some vegetable micro organism, in many respects behaving like that of yellow-fever, dengue, or relapsing fever.

The poison of epidemic influenza produces dissimilar groups of symptoms. I can recall some cases in which after some preliminary weakness and loss of appetite, vomiting occurred with free discharge of bile, followed by diarrhoea and ending in a dysenteric attack, with much mucus and teensmus and some blood, especially where there were hemorrhoids. In other cases, the upper air passages, the nose and eyes, the pharynx and larynx, and subsequently the bronchial mucous membrane were consecutively affected. In still a third form, the brunt of the attack was borne by the nervous system; the intense backache and headache, with delirium and fever, showed meningeal congestion, and from the permanent impairment of motion in some cases, and insanity in others, it is evident that the meningitis was accompanied by exudation and more or less lesion of the great nerve centers. Hemorrhagic foci in the spinal cord have been found post-mortem, and I have recently reported to the College of Physicians in this city, a case of diffuse lepto-meningitis with exudation both on the convexity and the base, due to influenza. We then may distinguish the gastro intestinal type, the catarrhal type, and the nervous type. In many cases, albuminuria, with tube-casts, both hyaline and epithelial, is found associated with more or less evidence of congestion and parenchymatous inflammation, so that we might also distinguish a renal form where the Bright's disease is the prominent lesion. In the men's medical ward of the hospital there are now three sailors from one vessel, two of whom have unmistakable influenza with bronchial catarrh and pleurisy, the other has an attack of acute Bright's disease without any obvious cause except the influenza poison, as he had been previously healthy and was not especially exposed to bad weather. I am not prepared to say that this is a case of aberrant type of influenza, but we know that in an epidemic of scarlatina, cases occur where the whole force of the poison is manifested in the kidney disorder. So that this is not an impossible hypothesis.

The grip is a fever of a single paroxysm, lasting from two days to three weeks, preceded by chills or chilly sensations, terminating in some cases by crisis upon the second or third day, in others declining gradually by lysis, giving a temperature record not unlike typhoid fever. The convalescence is generally slow and imperfect, nervous symptoms, muscular pains, cough, weak stomach or weak heart, may persist for months; and where inflammatory lesions have impaired nerve-trunks or large centers, permanent injury or insanity follows. No eruption is ordinarily seen, and certainly there is no characteristic eruption. On one patient of mine, there were a few large ephemeral, erythematous blotches, not followed

by desquamation. In another, I saw one red spot upon the anterior part of the body somewhat resembling the rose spots of typhoid, and which faded after death. The statement has been made that disorders of the skin have been aggravated by the epidemic, and that an eruption of an eczema impetiginoides is common in some places, although I have not seen it. The former epidemic was largely treated by antipyrine and, no doubt, the antipyrine rash was then common, but the general opinion that antipyrine was too depressing in its effects upon the heart has led to its abandonment in the treatment of cases of grip during the present epidemic.

The plan of treatment I have found most grateful to the patient is to put him between blankets, and, during the chilly stage, apply mustard to the epigastrium and a hot water bag to the feet, or give a hot mustard foot bath. Powders of acetanilid, gr. iii.-vj., quinine hydrobromate, gr. i.-ij., and camphor monobromate, gr. -ij, are given every two hours, and some Dover's powder may be added at night. These may be supplemented by the use of liquor ammonii acetatis in tablespoonful doses, and the free use of weak lemonade or toast water. As I believe that when infection is present in the air, it also is present in the river water, I insist upon the patients not drinking any water unless it has been boiled, or I order Vichy, Poland, or Glen Summit water to relieve thirst and wash out the kidneys. Calomel in small doses with soda is useful at the beginning to empty the bowels and start the secretions. It may be followed by salines, if necessary. If the cough is troublesome the compound morphine powder, with syrup of squills, will relieve the paroxysms, and counter-irritation, with a few drops of turpentine, having the chest thoroughly oiled and swathed in cotton, is a decided advantage. The diet is of the lightest character. In protracted cases the aversion to food, associated with ever-threatening collapse, makes the question of nourishment a very important one. In one patient, a young lady of eighteen years, a school teacher, who had a temperature for three days of 104° to $103\frac{1}{2}^{\circ}$, and who had such intense cerebral congestion as to require the ice-bag constantly to her head for a week, and in whom the stomach was so weak that any attempt at feeding caused gastralgia and increased the delirium, I solved the problem by administering twenty drops of bovine milk every two hours, with liquid peptonoids, a teaspoonful every two hours, and as she grew better able to retain nourishment, she was given the yolk of an egg beaten up with milk twice a day, with a small amount of glycerole of pepsin (gr. xx.), after food. She made an excellent recovery after an illness of nearly six weeks.

In several cases where the nervous twitching of the muscles was marked, I observed good results from minute doses of hyoscine hydrobromate (gr. $\frac{1}{100}$ every hour). In one case of asthma and influenza a hypodermic injection of gr. $\frac{1}{100}$ checked the asthma very promptly, but the patient said that she was paralyzed by it, and for about four hours could not move hand or foot; she lay stupefied but comfortable, the dyspnoea having all passed away soon after the injection, which was administered in the back of the forearm. When I heard the result, I congratulated myself upon not having given the dose that is ordinarily mentioned in the books, which is three times as large (gr. $\frac{3}{100}$).

In some cases the poison is most active in the throat, and the pharynx is very much inflamed, and in children the sub-maxillary glands are apt to be

¹Annual of the *Universal Medical Sciences*, Whittaker, 1891, Vol. I, A 57.

enlarged. Sprays of Dobell's solution, or of carbolic acid, myrrh and rose water answer very well; the throat being enveloped with a water dressing at first and then with oil, or anointed with oil from the beginning. Laryngitis has been noticed by DaCosta to be especially prevalent as a complication during the present epidemic. This may call for astringent applications with the brush or steam atomizer, and a stimulation occasionally with a twenty grain solution of nitrate of silver. Where the inflammation is located in the upper air passages, the instillation of solution of peroxide of hydrogen, dilute (1 in 2 or 3 of water) is a useful detergent. During convalescence, preparations containing strychnine are useful as a nerve tonic and cardiac stimulant. The following formula has answered very well in my hands:

R.—Ext. ignatiæ..... gr. $\frac{1}{4}$.
 Ext. cannabis Ind..... gr. $\frac{1}{2}$.
 Quininae hydrochlorat..... gr. ij.
 Ol. cajuputi..... $\text{m} \times \text{ss}$.
 M.—Capsul. I. Take one every four or six hours.

As this contains hemp in rather full doses, the effects should be watched and the dose diminished as soon as cerebral symptoms appear, showing the full impression of the drug. During convalescence, which is generally protracted, the wine of coca (Vin Mariani) is very useful, as a nerve and cardiac tonic. The acid solution of the hypophosphites, containing strychnine, is especially valuable. Where the cough persists quinine in syrup of yerba santa, cod-liver oil, or the alkaline hypophosphites, according to circumstances, exert a happy effect.

IMPRESSIONS ON THE PRESENT EPIDEMIC OF INFLUENZA.

By WILLIAM F. WAUGH, A.M., M.D.

SINCE the appearance of influenza in Philadelphia, about two years ago, there have been a number of times when the prevalent catarrhs resembled the epidemic variety to some extent. They occurred in many persons at the same time; without any distinct dependence on meteorological conditions; and were characterized by great severity in symptoms; a disproportionate degree of fever, general distress and debility; peculiar obstinacy; and a tendency to chronicity. Altogether the impression made upon the general public was that the influenza had really never disappeared from the city; or that the epidemic had left its traces in the shape of an increased vulnerability of the whole population as regarded the ordinary exciting causes of catarrhs.

I will describe the present epidemic, as it has appeared in my own practice; by comparing this with similar reports from others, a clinical picture of this elusive disease may perhaps be composed. My first case occurred on November 27, in a physician, aged about forty years, presenting the following symptoms: Chilliness, naso-pharyngo-laryngeal catarrh, temperature 104° , pulse rapid but compressible, headache very severe, exceeding ordinary hemicrania, with which he was quite familiar, anorexia, no sweating, aching in the bones very moderate, but weakness of somewhat peculiar type, as he was feeble, bent, and walked like an old man. These symptoms were of sufficient severity to keep him in the house for three days. No special treatment was employed, except quinine in small doses, a hot bath, and low diet. Laryngeal irritation and cough persisted for a month; but with this exception, the attack left him in very good condition.

Following this came other cases, beginning November 29, and developing up to the present date, January 8; numbering 71 cases, of which I have a record, though many more have been prescribed for by me in this time. The varied character of the symptoms may be seen from the following descriptions:

Mr. V., manager, aged forty; was conversing with a man on business in New York, on December 1, when Mr. V. was suddenly seized with pain in the throat, and was unable to articulate a word. He wrote a few words to his friend, telling him what was the matter, and was placed upon a train for this city. That evening his throat looked as if some powerful corrosive had reduced the mucous membrane to a pulp. It was three days before he could speak, or swallow more than a teaspoonful, and that only with extreme difficulty. Local stimulation was employed on the throat, and no sloughing occurred. He recovered in two weeks, and states that he experiences the same curious sense of renewed youth, of well-being, that convalescents from severe septic fevers sometimes mention. He says that he feels buoyant and happy; that nature seems more attractive, etc.; but, contrary to what occurs when this buoyancy is felt after yellow fever or small-pox, he is really able to do more work than before his attack. This has been a common experience with patients, even after severe attacks of this disease. It is as if the influenza of two years ago, never really absent, had finally disappeared after the present stormy paroxysm.

Mrs. W., aged forty-three; gouty. She was seized on November 29 with "rheumatic" pains in the right shoulder, passing down to the liver and in both sciatics, the lumbar region, and the wrists. There were, however, neither acid sweats, scanty acid urine, nor fever; the pains were not strictly joint pains, and there was no progression from one joint to another. Nevertheless, as this patient was of the uric acid diathesis, she was directed to take sodium salicylate, and this gave prompt, but not perfect, relief.

Mrs. McL., widow; aged thirty-seven. She was in bed, with violent headache, and all the symptoms of an acute naso-laryngeal catarrh. Ten grains of quinine, with volatile liniment to the chest, a hot mustard foot-bath, and a bowl of hot ginger tea, settled the attack so promptly that on the next day the patient was attending to her household duties.

S. P. M., aged eighteen; residing in Camden. The symptoms in this case so closely resembled typhoid fever that the diagnosis was in doubt. The good effects of quinine, and his recovery within a week, confirmed the diagnosis of influenza.

These cases will suffice to show the protean nature of the malady, and I will add some general impressions concerning the epidemic as a whole.

Pneumonia has been less common than formerly. There were 3 cases out of the 71 in my record-book. There was but little bronchitis, not much cough, coryza, sneezing, or lachrymation (one case, beginning yesterday, shows these symptoms most markedly); but much pharyngitis and some tonsillitis. Laryngeal cough has been a constant and troublesome sequel.

Rheumatoid pains have been present in many cases. In one, a boy ten years old, he was unable to move either leg, on account of tenderness in both hips and knees. The throat was also very sore, but this quickly recovered under the use of peroxide. Quinine and sodium salicylate gave prompt relief in this and in all other rheumatoid cases.

Debility has not been very marked, nor has it been difficult to treat. A very singular phenomenon, present in a majority of my cases, has been a preternatural mobility of the force of the circulation. The heart may be working at its normal rate, the pulse quite steady, perhaps a little slower than usual, when a moderate dose of any depressant, bromide, salicylate, or acetanilide, is given, and the pulse weakens at once to a degree out of all proportion to the dose given. But when we begin to give cardiac tonics, the pulse at once hardens, the head aches, and the effect of the tonic or stimulant is just as excessive as was that of the depressant.

The observation has been repeatedly made that those who recover do so completely, and feel better than they did before the attack. In one case, the presence of hyper resonance, with large râles, dullness, etc., led me to diagnose an old bronchiectasis, surrounded by a consolidated lobe; and this was apparently confirmed by the patient, who stated that he had had pain in that region for an indefinite period; but this must have been a fresh pneumonic deposit, for, a week after the patient had returned to work, he reported to me again, and I could find no trace of the dullness, though there were still signs of the dilated bronchi. I cannot believe that an old consolidation could disappear so completely.

During the first four weeks not a case on my list was that of a hand-worker, and it was only after Christmas that I began to get cases among workmen. This was probably only a coincidence, and I mention it merely to show how little confidence is to be placed in any one man's observations as characteristic of an epidemic. Indeed, I have seen one report that made an opposite statement; that this was a "poor man's epidemic." My own cases would indicate that it was a "rich man's epidemic"—a man's rather than woman's, and adults' rather than children's. The latter have been rarely and slightly affected, with some exceptions.

In regard to treatment: The first cases did wonderfully well upon quinine. This drug exhibited a power for good that it certainly did not show two years ago. Latterly it is less effective. The same may be said of the salicylates; only that their value seems to increase as that of quinine falls. The salicylate of cinchonidia proved useless. The cardiac sedatives were too depressing, even in small doses; but the combination of salol and phenacetine has proved of much value, especially in cases where the other remedies failed or disagreed. I have given sodium salicylate in doses of 5 to 10 grains, repeated every hour or two until the special effect is produced. Salol and phenacetine, $2\frac{1}{2}$ grains each, every two to four hours; quinine, 10 grains at first, to break up the attack; later, 1 grain has been the usual dose.

For the cough, eucalyptus; and this has proved very useful while the acute symptoms lasted; but when the laryngeal cough remained, it has defied every remedy, until I gave maltine with yerba santa. This acted like magic. In my first case, after a month's coughing, four doses sufficed for a complete cure. I have since ordered it for more than fifty cases, and it has proved effectual in all. I refer only to the laryngeal cough left after "la grippe;" in the acute bronchial or laryngeal cases the ordinary remedies do well. Yerba santa by itself may do good; but as in all these cases there has been evidence of feeble digestion, eructations of gas, etc., the malt extract has also been indicated, and the union of the two has been convenient and satisfactory.

In some cases there has been general catarrh of the nose, mouth and pharynx, the respiratory tract being unaffected. In these, the local use of peroxide of hydrogen and of the sulpho-carbolate of zinc have apparently aborted the attack. Great benefit has also resulted from spraying peroxide into the larynx when the respiratory mucosa was affected. It is not easy to say whether these abortive cases were really influenzal, but my impression is that they were due to that specific poison. As these two substances are almost the only really efficient and, at the same time, harmless germicides in our possession, their effect in these cases is of some importance, and indicates the wisdom of employing them as prophylactics in other infectious diseases, such as diphtheria, scarlatina, measles and whooping-cough.

After the subsidence of the acute symptoms, several persons complained of persistent pain, of considerable intensity, in one shoulder and the front of the chest on the same side. All these cases were in plethoric persons, over fifty years of age. After a good deal of unavailing medication, the remedy was found in anti-kamnia, this being preferred to acetanilide, on account of the greater depression following the use of the latter.

Much less difficulty than usual has been experienced in feeding the patients, as in the few cases of gastric irritability presenting, bismuth and zinc sulpho-carbolate gave almost instant relief. Alcoholic stimulants have proved a total failure as prophylactics, and have not been required in a large proportion of the cases; in fact, I have only employed them in a single case where they were not habitually taken in health. When people are accustomed to alcohol in health, it is not well to stop the use of this stimulant during illness, unless it has been used to excess.

The disease, as I have seen it, is more generally diffused and less dangerous than the influenza of two years ago. When a woman eighty-seven years old, with influenza and double pneumonia, recovers without any specially alarming symptoms, the disease cannot be said to have been very dangerous.

One peculiar symptom noticed is inflammation in the auditory passages. I have had but one case; which did very well on hot douches; but one physician told me he had had several cases, and in all of them suppuration occurred. Great pain and sensitiveness were felt in the mastoid process.

At the time of writing, the epidemic seems to be rapidly subsiding, as few new cases are reporting; but the work of the physicians is still extraordinarily heavy. I trust that my readers will accept this excuse for the fragmentary character of this report, hastily written during such odd moments as could be spared from the duties of a general practitioner in the time of a general epidemic.

1725 ARCH STREET, PHILADELPHIA.

INFLUENZA—"LA GRIPPE"—NOTES ON THE PRESENT EPIDEMIC IN NEW YORK CITY.

By KINGMAN B. PAGE, M.D.,

Surgeon to Out Patient Department, Harlem Hospital.

WHILE influenza was undoubtedly a factor of some moment in the morbidity of this city during the past fall, I doubt that it really existed to any great extent save in the columns of the sensational daily press, until the middle of December. Since that date many cases have been reported, and it is claimed that the disease has assumed epidemic proportions. Careful inquiry in the medical services of the various hos-

pitals certainly demonstrates that a large number of cases of influenza have been received. Yet at the present time it is equally certain that the disease has not assumed the proportions of the epidemic of the winter of '88 and '89.

A peculiarity of the present outbreak of the "grip" is its apparent localization to the poorer classes, the laboring population, residents of tenements. My basis for assuming this apparent confinement to the poorer classes is that repeated inquiry regarding the existence of a large number of cases in the practice (private) of many physicians, has demonstrated its comparative infrequency, while the hospital reports show that it constitutes a large percentage of the total morbidity. The extent to which it prevailed in the various hospitals may be well imagined when it is stated that during Christmas week the medical services were so over-crowded that all available beds in the surgical wards were preempted, and that in Bellevue, the great city hospital, with nearly 900 beds, the influx was so great that convalescent patients were bedded on the floor of the wards, in order to supply accommodations for the acute cases. This statement, apparently contradictory of the foregoing one that the present epidemic is of limited extent is readily susceptible of explanation, its now occurrence among the better classes, people more comfortably housed and better nourished.

A reaction of opinion in the medical profession has taken place regarding influenza, for while admitting its importance as a cause of morbidity, its mortality is questioned. In fact it has been asserted that influenza is a disease that is rarely or never fatal *per se*, and that where a fatal issue ensues, death is due to the complications rather than the influenza. The general consensus of opinion also seems to be that before admitting that all cases reported as such are really influenza, we must determine its pathological entity. This question of its pathological entity is of great importance as regards both its morbidity and mortality.

During the occurrence of any epidemic of disease great laxity of diagnosis prevails, and during the various recent epidemics of influenza the laxity of the diagnosis, catering to popular fancy, has magnified every nasal, respiratory or myalgic ailment of slight degree, into an attack of the "grip."

At this late date it would be nonsensical to question the existence of an epidemic of an hitherto unusual form of infectious disease, but we should question its pathological entity.

Has that form of influenza known as "la grippe" a pathological entity? That is: Is it a disease *sui generis*? This, I think, is now generally conceded by the physicians of this city. The present almost universal extent of its existence, its known extension by the routes of commerce, render the assumption that it is due to climatic causes or cosmical influence, a case of "*reductio ad absurdum*."

Admitting, then, the existence of "la grippe" as an entity, what are its pathognomonic signs, is diagnostic criteria? How may we differentiate it from allied diseases? These queries may seem absurd, but in the course of my investigations in this disease, I have found that many physicians have very hazy ideas of its nature, and that many others are absolutely chaotic in their opinions as to its symptomatology.

From the time at our disposal in preparing this paper for the influenza number of this journal, we have been unable to obtain authoritative statements (*i. e.* written opinions) from the leading members of

the medical profession in the city; but in the following views on the pathology, symptoms and treatment of influenza we have been governed by the opinions verbally expressed of many prominent practitioners, men whose large hospital and private practice have enabled them to see the disease in all its manifestations, and among all classes.

That form of influenza known as la grippe, or the "grip," is to be regarded as highly infectious, and of microbic origin; that the disease is of limited duration; that a previous attack is not protective from subsequent infection; that the disease though not followed by any sequelæ is very frequently complicated by other diseases of respiratory passages or organs.

Clinical History.—The prodromic period is short, probably of but a few hours to a day's duration. The stage of invasion may be ushered in by an initial rigor or chilly sensations, coryza, conjunctival infection, anorexia, a feeling of lassitude, or more or less muscular pain, and severe cephalalgia. The pyrexia varying from 101 to 103 F., this stage lasting one or two days with gradually increase of all symptoms may develop into one or two forms.

The first, and probably the most frequent, is that in which the catarrhal symptoms are moderate, but there is very severe cephalalgia and marked muscular stiffness and soreness; the temperature ranging from 101° to 103° F., and the depression but slight if present. Violent delirium may occur in this form. This form of the disease closely resembles the Dengue or break bone fever.

In the second class the catarrhal symptoms are much more prominent, there being marked coryza, conjunctival infection, and involvement of the adjoining respiratory passages, severe cephalalgia, but the general muscular pain and stiffness is generally slight, if present at all. In this form there frequently exists as complications laryngitis, bronchitis, broncho-pneumonia, or even true lobar pneumonia. The pyrexia is more irregular and greater in this than the preceding form, and if delirium occurs it is generally less violent than in the preceding form, the depression is much more marked. This stage of the disease may last from three or four days to a week, convalescence then ensuing, the continuance of the illness being due to the complications rather than the original disease.

The prognosis in uncomplicated cases in adults in fair physical condition is very favorable. (I have not as yet ascertained an authenticated case in which death ensued in an uncomplicated case of influenza.) In the aged, or in the presence of dangerous complications, it must necessarily be less favorable, due, however, to the lack of vitality in the aged, or to the dangers inherent to the complications rather than the disease itself.

It is true that many fatal cases of influenza have been reported in the recent epidemics, but in these I am certain the fatal result was due to the complication, or that an erroneous diagnosis had been made.

It should also be noted that the symptoms presented during the present outbreak are much less marked than in its predecessor. It is further stated by physicians with large pædiatric practices that the disease is found more frequently in children than heretofore, and frequently precedes an attack of bronchitis or lobular pneumonia.

Treatment.—The treatment of la grippe has been empirical, and in this empiricism the wildest flights of therapeutic fancy have been indulged, and a vast variety of drugs vaunted as specifics.

Inquiry among druggists, wholesale and retail, reveals increased sales of the various chemical antipyretics, antipyrine, phenacetine and antifebrin, these alone, or in combination with quinine, salol or whiskey, have been most frequently used. The complications being treated in the manner usual to these diseases. In examining more closely into the therapeutics at present in vogue a marked change is at once observed. Phenacetine has almost entirely replaced antipyrine. Sulphonal which was somewhat used in the prior epidemics for the restlessness and insomnia has been supplanted by chloral. Quinine is also used less frequently, while there has been a marked increase in number of diaphoretic and expectorant mixtures prescribed. A favorite formula with many physicians seems to be a combination of phenacetine and salol, with an expectorant or diaphoretic mixture and nourishing diet. In this disease an emulsion of cod-liver oil and brandy, known as "brandrioli," has also been much used and found to be of great value. The brandy, besides its immediate stimulative effects, conduces to the palatability and more ready absorption of the oil.

Carbonate of ammonia, camphor, musk, and the alcoholic stimulants, are also much more freely used than formerly.

Hydrotherapeutics, in the form of Russian or Turkish baths, has been used to some extent.

To summarize, therefore, the present condition of the city regarding its morbidity from the influenza: it must certainly be admitted that the disease prevails among certain classes to an epidemic extent, but that the symptoms, particularly those of depression, are much less marked than in former years, and that the main therapeutic indications are the use of drugs possessing antipyretic and analgesic properties (phenacetine alone, or in combination with salol), nourishing diet and moderate stimulation.

70 EAST ONE HUNDRED AND TWENTIETH STREET.

INFLUENZA.

By JOHN J. BERRY, M.D.,
PORTSMOUTH, N. H.

THE following clinical facts and conclusions have been formulated from quite an extensive experience in the management of this affection, and are herewith presented in a brief and informal way, as a contribution to the collective investigation of the disease.

Etiology.—The origin of influenza being naturally attributed to a specific germ, the question of its contagiousness is now being considered. While strong arguments have been adduced by many in support of the theory of contagion, there is little in our clinical experience to corroborate them. Isolated cases distributed over a large territory have occurred almost simultaneously—several members of a family being seized at the same time or within a period of twenty-four hours. In quite a large proportion of cases the disease was confined to but a single member of a household, even though no preventive measures were employed. To us it seems reasonable to attribute influenza to micro-organisms produced or developed by certain atmospheric conditions, and as being, in nature, wholly miasmatic.

Symptoms.—The multiple and varied manifestations generally commented upon, we find existing in both an acute and chronic form.

The febrile manifestations ordinarily observed possess no special characteristics except that the temperature has sometimes been entirely out of propor-

tion to the extent of the lesion. A temperature of 106° has been occasionally noted in persons who complained of little else than malaise, and who gave no physical evidence of serious disease. This has been particularly noticeable in children.

In addition to the sharp, fleeting neuralgic pains so often observed, there have been many instances of intense neuralgia of some of the branches of the facial nerve. Sciatic neuralgia has also been rather more frequent during the present epidemic.

Cerebral hyperæmia has been rendered noticeable by profuse hemorrhages from the nose. In one instance, the point of a pin applied to the cavity of a carious tooth produced in such a patient, a severe bleeding, which continued twelve hours. Somnolence and stupor, and, at times, mild delirium without high temperature, also indicated the same condition.

The majority of its lesions, however, have been confined to the mucous membranes. While catarrhal conditions of the gastro intestinal tract are common, those of the respiratory organs are of a more or less constant character. Bronchitis has been present in fully three-fourths of the cases observed. The cough has been oftentimes rebellious to treatment, and possessed many of the peculiarities of whooping-cough.

The pneumonia which has formed so frequent a complication, has, in my experience, involved the alveoli of the lungs to but a very slight extent, being mostly confined to the minute bronchi, and similar to the condition described as "capillary bronchitis"—a term which seems to be fast becoming obsolete. The lesion above indicated has been by no means a general one, but has been confined to well-defined areas of greater or less extent, and always in the posterior lobes of the lung.

There is another class of cases in which the symptoms are of a chronic and ill-defined character. They are, in the main, referable to a weak nervous system, and bear a close resemblance to those of neurasthenia and chronic malarial poisoning. These examples are not very amenable to treatment, and are most persistent in character.

Treatment.—My treatment of the acute forms of influenza has been, as a rule, eliminative and supportive. The first has been secured by cathartics—preferably calomel in tablet triturates of $\frac{1}{10}$ gr. each, or a single large dose, followed by a saline when required.

As an antipyretic, phenacetine, in my opinion, ranks far above all others. Certain it is that no other is so well adapted to all ages and conditions. During the past two or three years I have employed it in decided doses in the diseases of both children and adults without a single untoward effect. When given to reduce fever, my ordinary adult dose has been 8 or 10 grains every two or three hours, until the desired effect has been obtained. For the intense headache and muscular pains, the same remedy exercises an equally beneficial effect if given in somewhat larger doses. Like many of the coal-tar products the efficiency of phenacetine is increased by trituration, with a small amount of bicarbonate of soda, which also renders the powder much easier of administration.

Next in order of efficiency comes the salicylate of soda in 15-grain doses every two or three hours. While the salicylates produce, at times, unpleasant head symptoms, and, eventually, some depression, their influence over muscular pain is well-marked—three or four doses being usually sufficient to afford relief—the remedy being continued for some time, in order to complete the cure and prevent relapse.

Prompt diaphoresis, which is an essential of the satisfactory treatment of the disease, is usually produced by both these drugs when given in decided doses. This condition being secured, pain and fever disappear and convalescence becomes established.

In infants, benzoate of soda in from 2 to 5 grain doses, has proven a valuable adjuvant to the above for the relief of muscular pain and soreness, as well as fever.

The oftentimes extreme nervous depression which accompanies influenza, forms an element of danger and suggests stimulants, heart tonics and high nutrition. Brandy and carbonate of ammonia have given the best results, especially in respiratory lesions, while the more chronic forms of asthenia have responded best to good-sized doses of strychnine, with iron and small amounts of quinine, either singly or in combination. Arsenic and cod-liver oil have their uses here as well as in other forms of nervous prostration.

Though undoubtedly a germ disease, there is no specific treatment for the same. Germicides, given as such, have not proven satisfactory in their action. The disease, in both its acute and chronic forms, must be treated on general principles.

I have herewith recorded the methods which have given me the best success and satisfaction in clinical work as embraced in the past epidemic and the one now existing.

From the experiences of many, we expect to cull valuable points in the etiology, symptomatology and treatment of the affection.

INFLUENZA IN CINCINNATI.

By E. W. MITCHELL, M.D.

INFLUENZA is a contagious and infectious disease, in all probability caused by a micro-organism. All classes and conditions of society are about equally attacked. Children are less frequently attacked than adults; infants still more rarely; but no age is exempt, and I have seen it in several infants at the breast.

The chemical products of the influenza germ have an exceedingly depressing effect upon the trophic and motor centers.

In the absence of specific means for checking the growth of the germs, or neutralizing their ptomainal products, our treatment must be:

1. Eliminative.
2. Restorative.

Free diaphoresis at the outset, with a brisk cathartic has, in many instances, seemed to render the subsequent cause more favorable, even at times to cut short a threatened attack. This initiatory treatment must have due regard to the strength of the individual patient, and, in view of the prostration, characteristic of the disease, must neither be too severe nor too protracted. A single 5-grain dose of calomel, or, in cases of irritable stomach or vomiting, hourly doses of gr. $\frac{1}{8}$ to $\frac{1}{12}$, has a good effect upon the alimentary tract.

Phenacetine, in doses of 5 to 15 grains, is by far the least depressing of the coal-tar products, and the most certain in relieving the headache and muscular pains, and in inducing perspiration. In cases of feeble circulation it should be guarded by the administration of coffee, tea, or alcoholic stimulant. Its use should be confined to the early stages. In the less severe cases gelsemium in small and frequently repeated doses has sometimes acted well; no phenace-

tine being given, or at least only one or two moderate doses at the beginning of the disease. In other cases spirit of camphor, teaspoonful in a glass of milk every three hours, has seemed to relieve the suffering as well as to hasten the resolution of the bronchitis.

In those cases in which the rheumatic pains were the most prominent symptom, the salicylate of ammonia, as recommended by my friend, Dr. Langdon, has given me much satisfaction; the ammonia to a considerable extent counteracting the depressing effect of the salicylic acid. In children and infants phenacetine acts nicely, and has but little depressing effect. They can also take easily salol, rubbed up with a little sugar.

For the bronchitis I have administered usually the ammonia preparations in the early stages, followed by terebene or creosote in the later stages, especially where it tends to become chronic.

In those of a tubercular diathesis the administration of creosote with menthol, or cod-liver oil, should be begun early.

The inhalation of oxygen adds much to the relief of severe cases of bronchitis or pneumonia.

The kidneys should receive special attention, their function being maintained by the free administration of liquids from the first, and diuretics, if needed.

Alcohol is useful in old people in all stages. In the young it should be prescribed with caution, in view of the danger of cultivating a craving for it.

In the restorative treatment the various tonics are all useful, when selected according to the indications of each case. Quinine, of little use in the early stage, is especially valuable in the stage of convalescence. In my own neighborhood many cases have been followed by more or less distinctly malarial symptoms, which have only been relieved by the administration of full ("antiperiodic") doses of quinine. Strychnine is the best tonic for the cases of weak heart, or of great nervous depression.

Even in the milder cases the future welfare of the patient will be best considered and complications escaped by confinement to bed until convalescence is well established. Careful attention should be given from the onset to the diet, which should be nutritious, and chiefly liquid.

In some of the cases of our former epidemics complete recovery was not secured until change of climate was made.

AVONDALE.

SOME CHARACTERISTICS OF THE PRESENT EPIDEMIC OF INFLUENZA.

By A. E. ROUSSEL, M.D.,

Lecturer on Physical Diagnosis at the Medico-Chirurgical College; Visiting Physician to the Howard Hospital; to the Southwestern Hospital, etc.

THE following brief observations are based on a series of one hundred and thirteen cases as seen both in hospital and in private practice.

Of the above number of cases twenty-three were noted as occurring in children from three months to fifteen years of age, an apparently much larger proportion than credited to the epidemic which prevailed two years ago. And, indeed, some of the older authors mention that different epidemics vary greatly in this respect.

Again, the so-called *douloureuse* form particularly noticed on the previous visitation and characterized by a comparatively high temperature, severe cephalalgia, pains throughout the body, was certainly less conspicuous on the present occasion.

The highest temperature noted was $102\frac{1}{2}^{\circ}$, and the majority of the cases did not exceed 102° .

On the other hand, gastro-intestinal disturbances were a prominent feature in sixty-four of the cases.

This class included hunger, sensations of nausea or vomiting, either marked constipation or diarrhoea, the latter existing in the great majority of instances and at times being of quite a severe type.

Bronchitis occurred in twenty-four cases, and pneumonia in two instances, but as a rule the inflammation *seemed more prone to exist higher up*, as acute laryngitis was noticed in seventeen cases (largely children), and indeed, the dry, high pitched laryngeal cough was present in over two-thirds of the total number.

Again, purulent discharges from the nostrils frequently existed, and in eleven cases irritation of the middle ear, accompanied by the characteristic symptoms, was an unwelcome complication. In four out of the above number attended by more than usual tumefaction in the mastoid region, suppuration resulted.

Death occurred but in one case, and that of a man well advanced in phthisis, who, however, would have otherwise lived for some months longer.

As regards treatment, rest in bed was absolutely insisted upon in the great majority of the cases. Small doses of quinine, phenacetine and citrate of caffeine, administered in capsules, were found useful in the cases more especially attended by general malarial headache, etc. In the gastro-intestinal form calomel in small divided doses, either alone or associated with salicylate of bismuth or the sulphur carbolate of zinc was given, respectively, as either constipation or diarrhoea existed.

The cases of bronchitis and pneumonia were treated according to general principles, with, perhaps, more attention given to stimulating the heart in order to counteract the existing depression.

The cases attended by obvious laryngitis, as well as those in which the only apparent manifestation of the same was the paroxysmal cough, were less readily managed. Forcible inhalation of hot water, to which eucalyptol and paregoric had been added, or, better still, the use of the steam atomizer with the above combination, gave better results than any of the other varied forms of treatment.

Lastly, the use of heroic treatment during convalescence may be said to have been an imperative necessity.

DIET IN INFLUENZA.

By HERMAN B. MARCUS, M.D.

IF there be one certainty in the history of that erratic malady, la grippe, it is that in all its forms, and with all its varied manifestations, there is present a condition of general debility. There may be fever, but it is unsafe to give any but the smallest doses of the cardiac sedatives, as the pulse yields at once, and the underlying depression is instantly revealed. There may be a slow, compressible pulse; but even small doses of the diffusible stimulants excite the heart far more than they would in health, and cause severe headache. Even that universal solace for the ills of masculine humanity, tobacco, loses its savor; and the depressing effects of nicotine manifest themselves in old and hardened smokers. In fact, this depressed condition is universally present during the visitations of influenza; even in persons who show no other signs of this malady. Chronic invalids die in large numbers when influenza prevails, though

they may show no signs of the latter affection. In *The Asclepiad* B. W. Richardson speaks as follows concerning this subject:

The treatment by medicinal means has been hitherto an utter confusion. I have met with two or three of my brethren who believed firmly that the expectant treatment, with careful regimen and hygiene, was by far the best and soundest. Amongst those who believed in drugs there was no such unanimity. One was for quinine from first to last; another thought well of antipyrine; a third had "cured" all his cases with salicylate of soda, under the not altogether bad idea of a rheumatic element; a fourth inclined to the salines, especially chlorate of potash; a fifth considered aconite, "in guarded doses," the beau ideal measure, especially when the fever was high. These "flying opinions" were sure tokens that there is no principle at the bottom; of a wandering knowledge which would be considered wool-gathering if applied to the considerations of the best anæsthetic. This confusion will remain until we arrive at the cause. In my experiments I found the speediest relief from inhaling ammonia vapor; that directly negated the irritant effect of the ozone, and removed the headache. But when the nervous disturbance is established, this is ineffective. Wanted: a method for restoring the normal tension of the organic nervous system. That is all, and that is cure. The successful remedy, when found, will not be an alcoholic stimulant. According to my observation, alcohol has added largely to the dangers of influenza.

Perhaps at some future day our physiological experimentalists, whose contributions to practical therapeutics, it must be confessed, have been up to the present rather microscopic, may supply this much-desired remedy. Until then our efforts must be in the direction of a true expectancy; of the most vigorous type; doing everything possible to minimize the tendency towards death, and to sustain the powers of the body. The first indication has been treated elsewhere; the second demands some attention.

With the general enfeeblement of the body, there is to be found a special debility of the digestive system, of an analogous character. In the present epidemic there has been little active gastric irritation; but rather a condition of languor, little or no appetite, very rarely any longing for special foods; but marked debility if a meal-time is passed without eating. At the same time the stomach is easily over-loaded; and if a comparatively full meal be taken, disproportionate symptoms of indigestion show themselves. If gentle laxatives be administered, such as castor oil, violent purgation is apt to follow, such as occurs when purgatives are administered in the first stages of typhoid fever. From this it is evident that in influenza the food should be such as presents the least difficulty to the digestive organs; it should be given in small quantities and at frequent intervals; while very small doses of gastric stimulants, if any, are to be permitted. The artificial digestants, on the contrary, are to be given in full doses. The raw white of an egg; raw, scraped beef, slightly warmed, and moistened with Proctor's wine of pepsin; junket; custard; kumyss; clam juice and milk; milk oyster soup; café au lait; chicken jelly, and stewed tripe are suitable foods. Nothing answers better than a preparation devised by Professor Keen, and already described in this journal, but which will bear repetition: The whites of two eggs are put in a pint bottle, with 2 ounces of lime water, and shaken vigorously for five minutes. Half a pint of pure milk is added, and the shaking repeated. Then add port wine or brandy, sugar and nutmeg, to the taste, and give at stated intervals; keeping cold in the meantime.

It is better to leave out the sugar, spice, and alcohol, as most invalids prefer the food without these ingredients.

Whatever food be given, the quantity should not be large; say, a small teacupful, given every two, three or four hours. A large bowl of broth will sometimes bring on a violent headache. If the amount of nutriment in the cupful be insufficient, it is best to increase the nutritive value without adding to the bulk. This may readily be done by adding bovine, from a few drops to a teaspoonful, to each cup of food. The alcohol in this preparation is too small in quantity to be objectionable in any case, and the bovine acts not only as a food, but apparently as a peptogen.

The following cases may illustrate its value in this respect:

CASE I. A child, eight months old, all of whose family were suffering with influenza, had, in addition to other symptoms, a very sore mouth. Several teeth had recently emerged, and the margins of the gums became ulcerated, due to the general debility of influenza. The child ceased to nurse, and all efforts at feeding occasioned so much pain that the struggle still further exhausted the child. Bovine was ordered, in ten-drop doses every half hour, and as the baby took it readily, the dose was increased to half a teaspoonful. This was the only food taken for two days; the child refusing to take the blandest food known—the white of egg. It is doubtful if the child could have borne up under its afflictions had it not been for the bovine.

CASE II. A girl with influenza, closely simulating typhoid fever, the pulse very weak, and the prostration sufficient to render her friends quite uneasy. At the end of three weeks' illness, while the acute symptoms were passing off, it was evident that she was not gaining strength; in fact, she was sinking. She had no appetite, and could scarcely be persuaded to take food. Keen's milk and egg mixture was ordered every two hours, with half a teaspoonful of bovine added to each dose. By the end of the second day there was an improvement, and from that time her recovery progressed regularly.

These cases are but types of a large class in which the addition of bovine to the other means employed was the one thing needful to tide the patient over the critical period.

ADDENDUM.—Bovine should not be confounded with other hematic preparations, some of which are totally unfit for use in a sick-room, being disgusting to the taste and of decidedly unpleasant odor, and swarming with bacteria, while others are of very little nutritive value. No article whose odor disgusts the healthy can be fit to offer those whose sensibilities are heightened by illness. The ordinary beef extracts are too poor in nutritive value and unpleasant in taste for this use. Every physician knows that beef-tea is a delusion, often a positive injury, as it helps to load the blood with excretory principles. Too often physicians are misled by the glib tongue of the traveling agents, who are introducing new or obscure articles as substitutes for old and tried reconstructions. The time given to many of these introducers of soup-stock, beer, or egg-nog would be better employed in investigating the claims of recognized prepared foods of acknowledged value. It is sufficient to say that no other liquid food preparation has been tendered the profession of equal nutritive value with bovine, whose composition and method of preparation are made public, so that physicians in employing it know exactly what they are giving. Three things should be at the command of the physician who is asked to employ a new and untried preparation in the place of an old and well tried one: (1) the exact

composition of the article and its mode of manufacture; (2) the testimony as to its condition, as shown by examination by disinterested parties; (3) the testimony in its favor from members of the profession whose high standing renders their testimony of value.

The great dietetic value of this food and its especial indications in the class of patients referred to in this article, has caused me to ask the manufacturers for a statement of their process, formula, etc. My application met with the following prompt and candid statement which has, in my mind at least, confirmed the previous good opinion I had formed by clinical experience with bovine.

Formula and process of manufacture. Bovine contains:

Defibrinated bullock's blood.....	65.00
Desiccated egg albumen.....	19.00
Old Bourbon whiskey.....	10.00
Chemically pure glycerin.....	5.00
“ “ boric acid.....	1.00
	100.00

The bullock's blood is drawn from selected western beeves at Chicago. It is defibrinated and the preparation made on the spot, with no chance for change in the character of the blood by shipment. The cattle are all in good condition, great care being taken to secure the most healthy animals, who being slaughtered in the West near the prairies where they are fed and raised, have not become weakened and feverish by long railroad travel from the South or to the East.

The desiccated egg albumen is a purified albumen in clear, amber-like flakes, absolutely pure and healthful.

The old bourbon whiskey is purchased without regard to expense. It is as good whiskey as the market affords.

The glycerin is chemically pure.

The boric acid is added because it is necessary for the preservation and complete sterility of the preparation. The small amount (1 per cent.) used would not be detected except by medical analysis, and the clinical experience of many years in the administration of bovine to thousands of the most delicate infants has failed to show, in a single instance, the slightest therapeutic effect from this salt.

The following letter fulfills the second condition:

UNITED STATES ARMY MEDICAL MUSEUM AND LIBRARY,
S. C. OFFICE, 7TH AND B STREETS, N. W.
WASHINGTON, D. C., September 30, 1887.

THE J. P. BUSH MANUFACTURING CO.

Dear Sirs:—A microscopic examination of bovine reveals the presence of large quantities of red and white blood corpuscles; also minute fat globules and crystals of leucine and tyrosine. No fibrin or bacteria present. The blood corpuscles are practically unchanged, the red cells being simply decolorized, due to their suspension in a watery medium.

Culture tubes of nutrient jelly, agar-agar, and peptone broth, inoculated with bovine and kept in an incubator for a week, failed to develop any bacteria.

One or two drops of bovine placed in a test-tube with 10 c. c. of water, heated, and a drop or two of nitric acid added, reveals the presence of large quantities of albumen.

Respectfully yours, W. M. GRAY, M.D.
Microscopist to Army Med. Museum.

An analysis of bovine shows it to be a neutral fluid of a pleasant taste, containing nitrogenous extractives soluble in excess of alcohol amounting to 45 per cent.

The nitrogenous extractives insoluble in alcohol, and including the inorganic salts (phosphates, sulphates, and chlorides of potassium, sodium and calcium) amount to 6 per cent.

The third has been so amply fulfilled, by the testimony of many of the most distinguished men in the medical profession, that it is scarcely necessary to more than advert to it here. Out of many testimonials at my disposal I select one, which requires no comment:

HEADQUARTERS, DEPARTMENT OF TEXAS,
MEDICAL DIRECTOR'S OFFICE,
SAN ANTONIO, TEXAS, February 13, 1888.

THE J. P. BUSH MANUFACTURING CO.

Gentlemen:—I feel that I ought to inform you, for your own satisfaction, as well as for the benefits of a large class of invalids we have in the United States, who suffer from anaemia, nervous debility (neurasthenia), and green sickness (chlorosis), that I have used your bovine in these diseases with unmistakable advantage. These cases all have more or less gastric irritation, dyspepsia, nausea, and distressing sensations of fullness and weight in the stomach after eating, and all these symptoms are quite promptly relieved, or lessened, by the bovine, taken soon after eating. But the most striking benefit I have noticed from its use is in cases where agonizing pain (gastralgia), follows soon after eating; in these cases the relief from pain is sometimes more prompt and complete than when chloroform, morphine and other anodynes are employed, but without the disagreeable after-effects of such medicines. I was greatly surprised at the anodyne effect of bovine on the stomach when I first noticed it; but the explanation of this action would seem to be that the bovine contains the elements that the stomach in its moments of distress needs.

Yours very respectfully,

EDW. P. VOLLUM,
U. S. Army Medical Director.

As specially applicable to the present epidemic, I add the following letter, received last week:

The extreme debility consequent upon the type of influenza called "la grippe" is especially marked in many cases. In these I have found bovine alone, or with the addition of milk, a most satisfactory and highly nutritious food.

J. PAGE BURWELL.

904 FOURTEENTH STREET, WASHINGTON, D. C.

Until some other preparation approaches the fulfillment of these conditions, bovine cannot be said to have any rivals.

"LA GRIPPE" IN WESTERN WASHINGTON.

By THOMAS W. MUSGROVE, M.D.

I HAVE observed and treated about one hundred cases of the epidemic disease known as influenza, catarrhal fever or "la grippe," during the two years just elapsed. From the accounts of the papers and medical journals, I judge that it has not been so severe in this part of the country as in the East and even in California. Last winter there was a peculiarity about it that does not seem to belong to it this winter. The symptoms were much the same, but quinine would not relieve the severe pain and fever in the beginning of the attack. But salicylate of sodium and antipyrine, in doses of two grains each in a capsule, every four hours, after a calomel powder had opened the bowels, would relieve both in a day or less. Phenacetine in five-grain doses every six hours, would always cure in a day or two any neuralgia that developed in a case, but this year I had to exhibit quinine in some cases before the pains yielded. I could not tell in a given case whether quinine would fail or succeed until I tried it.

There has been a considerable diversity of symptoms in the cases I have seen out here. The most marked symptom in the majority of cases has been the pain in the head. Some of my cases were "wild with the pain in the brain," as one intelligent gentleman expressed it, and nothing would relieve it in

this case but full doses of morphine, belladonna and aconite combined. He fully recovered. I have not had any serious lung complications in my practice, nor have there been many in the practice of my colleagues. There have been very few deaths from it in this section. I have lost but one case, and that was a poorly-nourished baby three weeks old. Several other children had it in the same family, but all recovered but the baby. It took the disease when it was two weeks old, and capillary bronchitis set in, causing its death.

This year, so far, the recoveries have been better in less time. But March may make a change in the severity of this world-wide epidemic.

TREATMENT OF EPIDEMIC INFLUENZA.—The treatment of influenza should, in all cases, begin by placing the patient in bed, and insisting upon his remaining there for not less than from ten days to two weeks. Absolute rest and quietude are the greatest factors in the management of the disease, and I believe that the majority of cases will tend to spontaneous recovery when treated in this manner.

When the headache is intense, I prefer antikamnia in 5 or 6 grain doses, repeated once in two or three hours. I also give calomel in small doses, say from $\frac{1}{8}$ or $\frac{1}{10}$ of a grain, once in about two hours, until 5 or 6 are taken. I treat the fever with rest and stimulants, but never with quinine. I believe that quinine produces increased cerebral congestion, and, in several cases that I have seen, has caused acute delirium. After the febrile stage has passed, and when the patient is in need of tonics, I then administer quinine in 1 or 2 grain doses, three times daily.

Should the catarrhal symptoms supervene, they should be treated with inhalation of steam, dry, hot applications to the chest, and expectorants, avoiding opium in the early stages of the disease, especially should there be much dyspnoea. Of the expectorants, ammonia and ipecac stand first. If there be much dyspnoea, with danger of suffocation, brandy and ammonia with valerian and the etherial tincture of lobelia must be freely used. Tartar-emetic is contraindicated because of its depressing effect. In the latter stages, if expectoration is profuse, senega, serpentaria, with stimulants freely administered, seem to be very useful. Counter-irritation to the chest should be discouraged until the chest symptoms begin to assume a chronic form. When the cough persists, and we feel it is doing injury as a mechanical agent to the lungs, it should be stopped. Conium and henbane should at first be resorted to; but should these fail, opium must be administered; either the substance of the drug or one of its derivatives, the best of which I believe to be the muriate of morphine. The heart should be continually watched, particularly in the aged and feeble. Should it show a disposition to failure, caffeine in 1 grain doses, or inhalations of the nitrite of amyl, should be resorted to. During convalescence, iron, quinine, arsenic and strychnine, the preparations of malt and cod-liver oil, should be given, together with a very nutritious diet, and the free use of beer and wine. Milk and seltzer-water should be given in large quantities.

Especial attention should be directed to the surface of the body during convalescence, as the skin is very sensitive. It should be sponged daily with brandy and hot water, quickly and thoroughly dried, after which the body should be warmly clothed.

—Gardner, *Cleveland Med. Gazette*.

The Times and Register

A Weekly Journal of Medicine and Surgery.

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PROFESSOR PANCOAST ON INFLUENZA.

"**L**A GRIPPE" is not a proper name for the disease, as that is simply the name of influenza in France, and especially in Paris, where the name originated; it is more than influenza, it is a malarial break-bone fever. It is called "la grippe" because, like the influenza, it takes one suddenly; and it is a sort of blood poisoning caused by malaria. The poison is a microcosm, which produces malaria; this microcosm is now frequently spoken of.

The great prostration and the pains in the extremities, in the limbs, deep-seated pains in the limbs and bones, make it resemble the malarial fever of the mountains of South Carolina, called the Dengue, or break-bone fever, which, like this malarial influenza, leaves the patient very much prostrated. One of the great elements of the disease which we have to combat, is the prostration and consequent debility of the patient. In my surgical operations I have had to combat it, and many cases have been taken with the "grippe" in bed without any possibility of contagion. I do not believe it is a contagious disease, but it is an epidemic simply; there must be a receptivity in the individual, an exhaustion or fatigue, which predisposes him to disease, and thus renders him liable to the action of the microcosm floating in the atmosphere. I feel fully persuaded that it is not a contagious disease, for some of my surgical patients have been taken suddenly in bed with it, being confined there by an operation, and have not been exposed to it by contact with any one suffering from the influenza.

In addition, I have noticed that while the influenza has been prevailing, the inflammatory and surgical diseases which I have been treating seemed to take on a low type of inflammation, and I have found it necessary, at these times, more than usually, to give tonics to build up my patients, and to keep up their tone.

I am also in the habit of telling my patients who are able to walk about, to take good care of them-

selves, so that they would not catch the influenza, nor suffer from the epidemic. By making him take care of his health, by keeping up his strength, and taking a tonic if necessary, and attending to the secretions and taking exercise in the open air, by keeping up his tone, the patient is able to resist the epidemic poison. By keeping up their strength and taking exercise in the open air and keeping their health in the best condition, they are able to resist the epidemic and are able to throw it off more easily if attacked; but if debilitated or run down, they develop a condition of receptivity for the poison which renders them easy victims.—*William H. Pancoast.*

THE first number of Dr. King's new journal, *The Doctor's Weekly*, is before us. It is an eight-page, size of Leonard's journal; with news notes concerning doctors married, doctors dead, society meetings, clippings from medical and lay journals, etc. It is hardly fair to judge of a publication by its first number, especially one of this character. It remains to be seen whether Dr. King can keep up the standard of the weekly as a purveyor of news—the chief function of this venture, apparently—so as to win a fair share of the New York doctors to his support.

The *Medical Record* gives the city news, and very much more; and, while King's weekly is only two dollars a year, it cannot be considered a competitor of the *Record*. Had the new weekly appeared on Wednesdays, instead of Saturdays, or twice a week, it would have had a better show; and we are surprised that this did not occur to a publisher like King. There is a good deal of "snap" in this first number, and we shall be disappointed if the new weekly does not prove successful.

Annotations.

A NEW DEPARTURE IN JOURNALISM.

OUR contemporary, THE PHILADELPHIA TIMES AND REGISTER, has struck out a new line in medical journalism. We have had an "electrical number," containing only articles and editorials on the therapeutics of electricity, and now we have a "diphtheria number," in which those who flatter themselves they have a method of circumventing this fatal malady, give their brethren the benefit of their experience. The idea is, perhaps, not altogether a bad one, but it has the disadvantage of not admitting of indefinite extension, unless, indeed, we are to have a disease, like a text, for every day of the year, beginning afresh on January 1. Of course, we too, have our "election numbers," and now and again an "educational" or a "holiday" number, so that the departure is, after all, a further development of an admitted exception. The exception, in fact, is here made to prove the rule.—*Hospital Gazette.*

DR. F. A. REW, of Lebanon, Mo., writes that he has employed the sulpho-carbolate of zinc in pneumonia and in dengue, with marked benefit. In influenza, also, its effects were so satisfactory that scarcely any other treatment was required.

Acting on this hint, I selected four cases in which the first symptoms of influenza were manifested by pharyngeal irritation. These were treated by frequent gargles of zinc sulpho-carbolate, 10 grains in a glass of water; the fluid used in gargling being ejected, and a little of the same solution swallowed. In all cases the attack was aborted; but the pharyngeal symptoms did not subside nearly so soon as when the strong chlorine mixture was given.

—W. F. Waugh.

OUR readers will note that the formula of bovine is published in this number in Dr. Marcus' paper (page 56). We have been somewhat surprised to hear several physicians speak of this food as one whose composition was unknown. So far as we know the manufacturers have never made a secret of the composition, or of the method of preparation of bovine.

Letters to the Editor.

LA GRIPPE.

THE medicine which has proven of most use in my practice for la grippe is phenacetine. This will relieve the painful symptoms if administered in doses of from five to ten grs. every four hours. I begin stimulation at my first visit, and have few cases where convalescence is retarded. As a tonic some preparation of iron is useful, and it is better to use, at the same time, Peruvian bark and bromide of soda, with senega and digitalis.

The cases this winter have been, without exception, very mild, but the two years before they were very severe. Not a single case was lost, and I charge it to early stimulation.

This winter has brought me but one patient who has had the grippe before. Whether this is the rule, I know not, but it seems singular that former attacks should prove efficacious in warding off other attacks.

S. B. STRALEY, M.D.

HUNTSVILLE, N. J., January 8, 1892.

INFLUENZA IN CAMDEN, N. J.

I AM so exceedingly busy and tired that I can scarcely find time, or summon strength, to reply, in an extended way, to your postal of this evening. I hope, therefore, you will pardon me if I only send you a few facts relating to the epidemic that I have observed among hundreds of cases:

1. The epidemic is more extended and depressing in its effects than that of two years ago;
2. It tends to more serious complications than that of two years ago;
3. Among its chief symptoms are: intense brain congestion, congestion of lungs, bowels, chest oppression, soreness of eye balls, cough, gastro-hepatic catarrh, fever, mental and physical depression, diarrhoea, muscular pains, suppression of urine, etc.

Among the complications that have occurred in my own practice are the following: inflammation of the brain, pneumonia, generally double, and often developed after patient was put in bed; acute bronchitis, dysentery, peritonitis, croup, insanity, sudden and continued deafness, painful micturition, congestion of kidneys, suppression of urine, apoplexy, etc.

I have been in practice for eighteen years, and have no hesitation in saying that the epidemic during December was the most extensive and depressing that I have ever known. After the acute congestive stages

of the disease were relieved, patients of almost all ages required a vigorously supporting treatment. The tendency to pneumonia while subject is in bed, and all chest pains relieved is worthy of notice, and so the sudden disappearance of the cough during convalescence—these prove to my mind the germ nature of the disease, and indicate the rapid development and death of the germ. I particularly noticed this in my own individual case.

E. L. B. GODFREY.

CAMDEN, N. J., January 7, 1892.

THE GRIPPE EPIDEMIC IN MASSACHUSETTS.

THERE were never before, in my recollection, so many sick in Newburyport as at present; neither the epidemic of 1890 nor that of 1891 was so prevalent.

Naturally, all the doctors have been very busy. My own practice is doubtless not among the largest, but it has not been an uncommon thing for me to visit twenty-five persons in one day; one doctor in a neighboring town (Seabrook) tells me that he has thirty-five cases on his visiting list.

In most cases which I have seen, the disease has taken on the form of a severe bronchial catarrh. On ordinary occasions the diagnosis of acute bronchitis would be made, nor is the general course of the disease different from that of the above mentioned disease. In infants and in the very aged the bronchitis, in a number of instances, has taken on the capillary form; great oppression and some cyanosis were early noticed.

One old lady of eighty years was found to be suffering from some congestion of the lungs, with engorged right heart and asystolia. She died in a few hours.

I have been attending a patient in Seabrook who has double pneumonia of the catarrhal form; there is an area of solidification at both bases, and he has been constantly raising pus; the sputa are nummulated. There are besides liquid râles all over the chest. One would naturally think of acute phthisis; but from the decline of the fever, and the general improvement of the symptoms, I think that the man is going to get well.

I have seen a few cases where the grippe has taken on the rheumatic form, with some pains in the head, limbs, and back, and high fever for several days. Such cases seem to do very well on acetanilide. My formula is:

R.—Acetanilide..... 3ss.
Cit. caffeine..... gr. xij.
Sodæ bicarb..... 3ij.

M.—For twelve powders; one powder to be given every two hours.

Antikamnia I will not prescribe for sufficient reasons, and the above powder gives me satisfactory results.

The treatment of the grippe should be generally stimulating and supporting. My bronchial cases all have whiskey from the first, in quantities which seem to be indicated. For the fever I rely on acetanilide chiefly; a 5 grain tablet, repeated every two hours till rest and a fall in the fever is produced; quinine in 2-grain doses, three times a day. I am also in the habit of ordering antimonial mixtures, the ipecacuanha wine spray, and veratrum viride as the occasion seems to demand. Milk, fluid beef, etc., *ad libitum*.

E. P. HURD, M.D.

NEWBURYPORT, January 6, 1892.

INFLUENZA IN FRANKLIN CO., PA.

SOME four weeks ago the present epidemic, la grippe, appeared in our village and surrounding country. Patients complained of severe pain in the occipital region of the head, arms and limbs, and of great prostration and weakness. Vertigo in several cases, the patient falling over.

In this space of time it has been my privilege to have in my charge and attend over one hundred cases, the ages running from seven years to seventy-five, and I have, so far, lost no case in this number. I have had thirty-five cases complicated with pneumonia. These cases I treated on the following plan: counter-irritation, blister of cantharides, three by four, over seat of pain, followed by a flax-seed jacket.

Internal treatment:

R.—Hydrarg. chlo. mitis..... gr. ij.
Pulv. rhei..... gr. ij.
Bismuth subnit..... gr. ij.

M.—Ft. chart. 1, No. 1.

One of the above powders every three hours until twelve powders are taken.

As an expectorant I gave the following:

R.—Syr. scillæ..... ʒiiss.
Sp. etheris comp..... ʒj.
Morphiæ sulph..... gr. j.
Aque camphor.....
Mucilag. acaciæ..... āā. ʒj ¼.

M.—Sig. Teaspoonful every two hours.

I also used the following as a germ destroyer:

R.—Antikamnia..... ʒj.
Quinine sulph..... ʒj.
Dover powder..... ʒss.

M.—Ft. capsula No. xxx.

Sig. One every two hours.

A few evenings ago I was called to see a gentleman who, they said, was dying. On arriving at the place I found the patient lying on the floor, his wife telling me that he fell to the floor on getting up from his chair. On making an examination I found him in an unconscious state or condition. I took from my buggy-case my lancet. Rolling up his shirt-sleeve, I bled him to the amount of one quart before I had any signs of returning life. I then bound up the arm, put him on la grippe treatment, and, in addition, the following treatment for vertigo:

R.—Tinct. valerian..... ʒijss.
Potassii bromidi..... ʒij.
Aque q. s..... ʒiv.

M.—Sig. Teaspoonful t. d.

WILL EDGAR HOLLAND, M. D.

FAYETTEVILLE, PA., January 7, 1892.

THE INFLUENZA AT CINCINNATI.

THE influenza on its second visit to Cincinnati has been quite severe. A large number of persons have been attacked and many have succumbed. The deaths have included many prominent names, and wealth seems to be rather an attraction than a guard. The effect of the epidemic was such that merchants report the duller holiday trade for years. Undertakers were smiling, however, and report business never better. Doctors had a great deal to do, as is ever the case when the undertakers are busy. A few of the specialists report a falling off of business on account of the epidemic. Among these are the oculists and gynecologists. Though the ocular symptoms of the influenza are not infrequent, yet many patients are detained at home by sickness of themselves or other members of their

family, and the oculist's waiting rooms were not quite so crowded as usual. The same might be said of the gynecologists. Their patients were deterred from coming to the office by sickness or duties at home; operations were deferred for a time, many of them we hope forever, till a better opportunity presented itself, or till a little money was saved up from the raids of the general practitioner. The obstetrician has not as yet suffered much diminution in his business on account of the influenza, but will probably find many nights of unbroken rest about nine months from the present time. Neurologists and laryngologists have had a decided increase in business. From our own ranks we have to lament the death of Dr. J. A. Thacker, editor of the *Cincinnati Medical News*, a ripe scholar and a trusted physician. The doctor, being of feeble health and rather advanced in years, could not resist the influenza, and when the added load of pneumonia came he succumbed.

The renal complications of la grippe have been found by Dr. Wm. B. Davis, who is largely engaged in life insurance work, to be quite frequent. These complications manifest themselves by violent and persistent pain in the renal region, an equally violent and persistent pain in the head; pulse, 120, full and bounding; temperature 103 to 104 degrees, with a marked diminution in the secretion of the urine, amounting in some cases almost to suppression. The urine is heavily loaded with an accumulation of excrementitious matter, and on shaking becomes cloudy with a marked yellow color and slight reddish tinge. When allowed to settle, the sediment, in some instances, constitutes one-fifth of the entire bulk. Heat generally clears up this sediment entirely, as does caustic soda. The reaction is acid, but sometimes only faintly so. Specific gravity may attain 1040. A distinct trace of albumen is found in many cases, even those very light in severity. No sugar. Microscopically urate of sodium. On the addition of nitric acid, some of these urates become converted into the characteristic plates of nitrate of urea. No tube casts are discoverable. A few crystals of oxalate of lime are sometimes seen, also a few flat epithelial cells. In two cases the doctor found a drowsiness which almost amounted to coma. He believed he had to deal with an active renal congestion, a catarrhal nephritis. These cases readily yield to treatment. The intense headache is soon brought under control by antipyrine, and the renal symptoms usually subside within a week by confinement of the patient to bed, and the judicious administration of diaphoretics and diuretics.

In the treatment of influenza, Dr. F. W. Langdon is of the opinion that in a disease so markedly adynamic in its character, the persistent use of a depressant remedy may at least retard convalescence, if it does not invite complications. The fields of usefulness of antipyrine, acetanilide and similar agents, it seems to him, are extremely limited, being mainly confined to the early hours of the disease and to exceptionally high temperatures. They are decidedly contra-indicated as a routine treatment in average cases, especially during the second stage when depression of circulation, respiration, digestion, assimilation and excretion are marked concomitants. A remedy which seems to the doctor to fulfill all the indications and to possess great clinical value without the drawbacks is the salicylate of ammonia, made by neutralizing the salicylic acid with ammonia carbonate in the same manner as the corresponding sodium salt is prescribed in articular rheumatism. Under the use of ammonium salicylate at the start, free diapho-

resis is established in a few hours, pyrexia is reduced, myalgias and neuralgias relieved, easy expectoration reduced, nasal and bronchial congestions resolved, the tendency to pneumatic, arthritic, meningeal, cardiac and nephritic complications probably lessened or averted, and a satisfactory convalescence is established in the average case.

Dr. E. W. Mitchell has used the salicylate of ammonium with good results in many cases, especially those with arthritic or muscular pains. He had used phenacetine in nine-tenths of the cases to relieve the severe headache and pain. He had never seen any depressant effects from the use of the drug, such as we get from the other coal-tar products. He desisted from its use as soon as the first symptom had subsided. For the profound prostration he has given the nerve tonics with benefit, such as phosphorus, strychnine and iron. He has observed more bronchitis than in the preceding epidemic, for the relief of which he gave terebene in doses of from three to five drops.

Nervous and mental complications of influenza, according to Dr. Philip Zenner, are very many. Althaus believes it to be a true nervous fever, the symptoms depending upon what part of the nervous system is attacked by the influenza poison. At least, it is true that nervous symptoms are common, and historical research shows that they were prominent in the former visitations of this disease. The most common symptoms are headache, backache, pain in the limbs, a sense of mental and physical exhaustion, sleeplessness, vertigo, pain in the eyes, and supra-orbital neuralgia. There are some milder symptoms, some or all of which are found in the majority of cases in the earlier or later period of the attack.

The other nervous symptoms to be mentioned are far less common. These may be symptoms of irritation of the brain or meninges, hyperæsthesia of the special senses, convulsions (especially in children), somnolence or stupor. In other cases there is cerebral or spinal meningitis, which may terminate fatally. Either single instances or a limited number of such diseases as the following have been reported: myelitis, polio-myelitis, polio-encephalitis, multiple neuritis, hemiplegia, aphasia, paralysis of the muscles of the eyes and soft palate, inflammation and atrophy of the optic nerves, epilepsy, chorea, glycosuria, angina pectoris, Graves' disease, and various trophic and vaso-motor disturbances.

The whole category of nervous complications just mentioned is comparatively rare. On the other hand, disturbances of a hysterical or neurasthenic type are not uncommon. Probably neurasthenia is the nervous complication most frequently seen by the neurologist. A mental type with depression of spirits and despondency predominates, and, notwithstanding that the prognosis of the nervous complications is usually favorable, and their duration short, these symptoms often continue for a long time.

In not a small number of cases of influenza have mental disturbances been found. They may be divided into the febrile and post-febrile psychoses. The former occur during the febrile period, and assume mostly the appearance of ordinary febrile delirium, a semi-conscious, dream-like state, often many hallucinations, and great restlessness, insomnia, etc. This is often of short duration, a few hours or days, though it may run into post-febrile insanity. The latter is usually a more serious disturbance and of longer duration. It comes on during the convalescent period, perhaps in two or three weeks after the fever

has subsided. It may be of but a few days' duration, but commonly lasts six or eight weeks.

Post-febrile insanity is often manifested as melancholia. There are all degrees, from mental depression of neurasthenia to deepest melancholia, in which suicide, etc., are attempted. Less frequently, the disease assumes the form of mania, with exalted mood, rapid speed and actions, etc. In many cases there is no decided type of insanity. There may be a semi-conscious state, like that of febrile delirium, or one of extreme mental confusion, or there may be an apparent blending of several forms of insanity.

The pathogenesis of these nervous manifestations must be similar to that of the nervous disturbances of other infectious diseases. But in typhoid fever, for example, high temperature, anæmia and exhaustion, and visceral disturbances (diseases of the kidneys, lungs, heart, with attendant uræmia, œdema, embolism, etc.), doubtless account for many of the disturbing symptoms; such factors play small part here, for the fever is usually not high, nor of long duration. The early nervous symptoms must be the direct effect of the intoxication of the disease, of the influence of the influenza poison on the nervous system. For the latter manifestations an additional explanation is at hand—a personal predisposition to nervous disease. The latter explanation is true of almost all the cases which came under my own observation, the number of which is not small. Kirn examined the histories of 72 cases of influenzal insanity, and found that 37 out of 50 cases of post-febrile insanity had a personal predisposition to nervous disease, while such a predisposition was found in only 5 out of 22 cases of febrile insanity. The predisposition in these cases was either hereditary or congenital, or acquired as the result of head injuries in childhood, from chronic diseases, anæmia, etc.

The prognosis of the nervous disturbances of influenza is generally favorable. However, many cases, as myelitis, multiple neuritis, and some cases of insanity, have not terminated in recovery, and have even had a fatal issue. In not a few instances, the nervous disease was doubtless coincident with, and not in any way dependent upon, the influenza. If such cases could always be eliminated, the prognosis of the complications of influenza would appear more favorable than it does now.

E. S. MCKEE, M.D.

The following is official :

CINCINNATI, O., January 6, 1892.

My Dear Doctor:—In answer to your communication of 4th inst., I beg to state that deaths from influenza occurred during the year 1891, as follows :

January.....	2
February.....	0
March.....	1
April.....	18
May.....	13
June.....	3
July.....	3
August.....	0
September.....	1
October.....	2
November.....	0
December.....	101

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Of the above number 32 died from influenza alone, and the remainder from influenza complicated with pneumonia, phthisis, tuberculosis, and heart diseases, etc. The ages at which these deaths occurred are as follows :

Under 6 months.....	7-
From 1 to 2 years	6
" 5 " 10	4
" 10 " 15	1
" 20 " 30	14
" 30 " 40	9
" 40 " 50	15
" 50 " 60	22
" 60 " 70	29
" 70 " 80	27
" 80 " 90	10

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Hoping that this information may be of service, I am, yours most sincerely,

J. W. PRENDERGAST, M.D.,
Health Officer.

Book Notices.

THE PHYSICIAN'S VISITING LIST FOR 1892. Philadelphia: P. Blakiston, Son & Co.

The Visiting List which is issued by this enterprising firm is in every way a most excellent one, durable, neat, compact and useful. The smallest size has space enough for twenty-five patients per day or week, and costs one dollar. It contains in addition blank leaves for accounts, obstetric engagements, memoranda, etc. Among its contents are tables of the metric system, poisons and antidotes, incompatibility, examination of urine, dose table of all official and unofficial drugs, in both English and metric systems, disinfectants, and other information often difficult or impossible to recall at the critical moment, and therefore most convenient to have about one in this form.

The Medical Digest.

LARYNGEAL COUGH SUCCEEDING LA GRIPPE.—A marked feature of the present epidemic of la grippe is the laryngeal cough so frequently remaining after the other symptoms have passed off. It presents itself in the form of an irritation in the larynx, with some huskiness, wheezing, and dry cough, occurring by day, increased by exertion, but becoming worse at night, when it often keeps the sufferer and all his neighbors awake for hours. There is generally no expectoration, or at most a little tough, adhesive, gray mucus, only dislodged after prolonged and racking paroxysms of coughing. When I add that this laryngeal irritation has continued with undiminished intensity for over a month after the other symptoms have abated, and that it has defied all ordinary and many extraordinary remedies, the clinical picture is complete.

Finally, after many failures, I have hit upon a remedy. The secret lies in the union of the right expectorant with a digestive stimulant. In all the cases there has been some gastric trouble; indigestion, and eructation of gas, with a tendency to constipation. Malt-extract is indicated here, and of the malt preparations it occurred to me that maltine with yerba santa, or "malto-verbine," would be worth a trial. I ordered a bottle, and in the first case just four doses sufficed to completely cure the cough I had vainly combated for a month. I tried the remedy in other cases with the same good result. During the last two weeks I have ordered about fifty bottles, and in no case has it failed. It is difficult to say how many cases are represented, because in one family six persons

were cured by one bottle; in another, four; in another, three, etc. But the preparation has been tested in so many cases that it is evidently of real value in this very intractable sequel of la grippe.

—Waugh.

THE CHARACTERS OF THE PRESENT PANDEMIC OF INFLUENZA.—According to observations made at recent meetings of the Berlin Medical Society, it would seem that the epidemic of influenza began there during the first week of November, the earliest cases admitted into hospital having come under treatment on November 7. Rehemann stated that the most noticeable difference between this and the other recent epidemics has been the large number of women and children, and the small number of outdoor workers attacked. Guttman mentioned an instance in which the admission of a single patient suffering from influenza was shortly followed by the occurrence of thirteen fresh cases. Fränkel, who took notes of 138 cases, found that only 9 (6.5 per cent.) had suffered from the disease before. The chief complications have been pneumonia and heart failure. The effect on the death-rate in Berlin has not been so marked as during the last epidemic, but it has been considerable (27 per mille as compared with an average of 18). In other parts of Germany the effect has been more marked; thus official statistics show that the death-rate has been doubled, or nearly double, in several towns. It rose, for instance, to 44 in Posen (average 21), to 45.6 in Frankford-on-Oder (average 23.2), in Bremen to 34.3 (average 17.1), and in Rostock to 33.5 (average 15.6).

—British Med. Jour.

FORMULAS FOR INFLUENZA.—

Sir Oscar Clayton's Mixture.

R.—Ammonii carb.
Potassæ bicarb.....āā 3j.
Tinct. aurantii..... 3 iv.
Aq. flor. aurantii..... 3 iij.
Aquæ ad..... 3 viij.

Two tablespoonfuls three times a day in half an ounce of lemon juice.

Sir Morell MacKenzie's Mixture.

B.—Potassæ nit..... 3j.
Sp. etheris nitrosi..... 3 iv.
Liq. ammonii acet..... 3 iss.
Aquæ ad..... 3 vi.

Two tablespoonfuls three times a day, for four days, followed by drachm doses of tinct. quina, in a wineglassful of water before meals.

Sir Robson Rouse's Mixture.

R.—Quininæ disulphat..... gr. xij.
Potassii bromid..... 3j iss.
Acid. hydrobromici dil..... 3 iss.
Tinct. aurantii..... 3 iss.
Aquæ ad..... 3 viij.

One-eighth part three times daily.

The British and Colonial Druggist speaks highly of the following:

R.—Tinct. quiniæ ammon..... 3j.
Tinct. aconiti..... 3j.
Sp. camphoræ..... 3 iij.

To be taken in a tablespoonful of water every three hours.

When the headache is severe a ten-grain dose of antipyrine, repeated, if necessary, in two hours, seldom fails to give relief.

The following formula for pills is given by the same authority:

R.—Quininæ sulph..... gr. xxxvi.
 Ext. belladonnæ..... gr. iij.
 Ammonii carb..... gr. xij.
 Misce.—Fiat pil. xii. One to be taken four times daily.
 —*Canad. Pharm. Jour.*

Dr. Andrew's Anti-grippe pills.

R.—Quininæ salicylat..... gr. j.
 Acidi arseniosi..... gr. $\frac{1}{12}$
 Ext. belladonnæ..... gr. $\frac{1}{32}$
 M.—Fl. pil. No. i.
 —*The New Idea.*

THE GRIP.—Thus far New York has suffered less from this winter's return of the grip than in the two preceding years. The epidemic invasion which has proved this year so fatal in other communities may be upon us later, but up to the present time it has seemed more of a sporadic character than epidemic. The attacks have been more violent among men and children than with women, but although generally lighter in character, the trouble is invariably attended and followed by severe nervous prostration, often running into pneumonia or a typhoid condition. We have found the most efficient treatment, as heretofore, confinement to the house, liberal doses of phenacetine to relieve the pain and aconite gelsemium and bryonia as indicated. For the acute coryza, especially if accompanied with profuse lachrymation euphrasia, is of great benefit. Gelsemium and aconite are strongly indicated in the commencement of the attack. Dr. Beverly Robinson recommends for the acute coryza to be used with a powder blower for an anterior and posterior nares :

R.—Pulv. fol. belladonnæ..... gr. xx.
 Pulv. morphinæ sulph..... gr. ii.
 Pulv. gum acacia ad..... ʒss.

Sir Morell MacKenzie gives the following prescription, which is only to be used the first twenty-four hours of the trouble :

R.—Sulph. morphinæ..... gr. i.
 Subnit. bismuth..... gr. i.

Whether the trouble in its epidemic character is the result of micro-organisms or produced by other causes future microscopical examinations must determine.—*N. Y. Med. Times.*

INFLUENZA, WITH NAUSEA AND VOMITING.—This protean disease has recently exhibited itself in a new form in the community. We hear of many cases in which the patient suffers the most intense and persistent nausea, with continual striving to empty the stomach. At first sight one is reminded of the nausea of certain forms of nephritis; yet the urine is freely secreted, and in the fatal cases the mind is clear to the end. The nausea resembles, somewhat, that of sea-sickness; yet the stomach, in many instances, retains the food put into it, the repeated retchings failing to bring up more than a small quantity of mucus.

To an attentive observer it is evident that the nausea is not due to local trouble in the stomach, but is the result of grave disturbance in the central nervous system.

In aged patients of 50 years and upwards, this persistent sick stomach is an extremely unfavorable symptom. If it persists in spite of remedies, it wears the patient out and breaks his rest; and soon symptoms appear indicating dangerous or fatal depression of the nervous system—sleeplessness, jactitation, periodic exacerbations of the cough and nau-

sea, and intermittence or irregularity in the respiration.

The treatment in this form of the influenza is directed toward the relief of nausea, the procuring of sleep and the support of the bodily powers. For the nausea, it is said that rectal injections of chloral hydrate, grs. xv to xx, have been beneficial in Europe. Calomel in a few doses of $\frac{1}{16}$ to 3 grains may bring the intestinal secretions into order and allay the nausea for a time. Iced champagne and brandy, milk and lime-water, etc., are useful in quieting the stomach and affording nourishment. The best remedy for nausea which the editor has discovered in the cases which he has treated, is the sulphate of codeine, $\frac{1}{2}$ grain given in a small capsule with aromatic sulphuric acid, q. s., every two, three or four hours. In each instance this drug has given at least temporary relief, and in one case it seemed to be the agent in averting a fatal termination. As this form of influenza is less severe during the daytime, and returns with increased severity at night, the physician should keep his aged patient in the recumbent position in bed for several days after convalescence begins, forbidding all general conversation, heavy food and exciting influences; else, after a day of apparently complete recovery, he may have a night of relapse into a worse state than before.

It is evident that the peculiarly depressing qualities of the atmosphere which were observed during Christmas week were extremely unfavorable for such patients. This damp, warm weather, with cold fogs at night, seems to have, in some way, been associated with, and productive of, the graver incursions of epidemic influenza during the past three years.

—*Maryland Med. Jour.*

LA GRIPPE IN TEXAS.—In Dallas, during the present epidemic, which has been widespread in its invasion, affecting all classes of citizens, we have seen every variety of the disease. Contrary to what has been said of the disease as it has recently appeared in England, it has spared no age whatever. Infants and young children have here been as often attacked as adults. We have seen many nursing infants, even those of two or three months of age, victims of the disease. Thus far the mortality among all classes has been small. The aged and those subject to chronic diseases of the air passages have fared badly. In these latter, beginning as a bronchitis of the medium sized or larger bronchial tubes, the malady has, in many cases, passed into the capillary form and rapidly killed the patient. This season pneumonia has not been so frequently a complication as two years ago. We have observed in many instances the gastric and intestinal variety of the malady. The former is attended by great irritability of the stomach, while the latter has taken the form of choleraic diarrhoea, or an entero-colitis, with symptoms not unlike those of acute dysentery, and, so far as our experience goes, such cases have been more chronic in their course and less amenable to treatment than the other forms of the disease, with the exception of severe bronchitis and pneumonia.

Regarding the treatment of la grippe, it having been fully shown to be a self-limiting disease of a few days and ordinarily tending to recovery, it will, of course, be held that therapeutics will, if at all, be cautiously employed. As some English observers have claimed, we have found little if any benefit in salicylate of sodium. Neither the pains nor the fever have been sufficiently modified by its employment. Where the pains are intense, moderate doses of hy-

podermic morphine, or opium in some other form, combined with antifebrin has rendered us great service. Where the pains are not a prominent feature, the antipyretic, combined with or without a mild laxative, has been all sufficient to tide the patient in comfort over the natural history of the disease, the latter, as a rule, terminating in thirty-six or forty-eight hours. We have even, following a routine practice in nearly every disease coming under our care in this locality, added to the treatment moderate doses of quinine. We much question, however, if the latter practice is essential to the successful management of the cases. Where such complications as bronchitis or pneumonia have arisen, we have avoided too energetic means in combating them. While we have been somewhat active in our efforts during the initiatory stages, under these circumstances we have been careful not to persist in them too long. La grippe is a disease of much prostration when expressed in the form of bronchitis or pneumonia. Especially will this statement apply to these complications when occurring in the very young or aged. Here stimulants should be early employed, and continued throughout the treatment of the case. These complications are also very abrupt and insidious in their origin, as Mr. Althaus shows. Therefore, it is a good rule in most, if not all, cases of la grippe, to early and often examine the lungs for their approach. Such complications have seemed to us to be more favorably modified by the carbonate of ammonia than any other single remedy.

Gastric and enteric symptoms have been managed on general principles. Small doses of calomel or cocaine, all food being withheld for a few hours, have served us in good stead when the stomach is irritable. Intestinal irritation has been met by first clearing out the bowel with mild laxatives, followed by opium and bismuth to quiet peristalsis and check secretion.—*Texas Courier-Record*.

TREATMENT OF INFLUENZA.—The magic remedies in this disease are the ammonium salts and camphor. By the intelligent use of these, with other indicated treatment, the cure is generally complete, and complications and sequellæ are not very likely to occur. The new antipyretics should generally be avoided, except in very robust subjects and confined to the first few hours of the malady.

The first remedy indicated usually is bromide of ammonium, continued as long as there is much acute pain. The next most important is the salicylate of ammonium, if there is fever alternating with chilly and sweating stages. If there is torpidity of the liver, the chloride should be used. If the kidneys require especial attention, the benzoate will be the choice. If you cannot see the patient often, but wish to give a general formula, we suggest the following, which we have used with satisfaction:

R.—Acid. salicylici..... ʒij.
 Ammonii carbonatis..... q. s. ad neutr.
 Glycerini..... ʒjss.
 Ammonii bromidi..... ʒij.
 Ammonii chloridi..... ʒij.
 Ammonii benzoatis..... ʒij.
 Liq. ammon. acet..... fʒij.
 Aq. menth. pīp..... q. s. ad fʒvj.

M.—Sig. One tablespoonful in hot milk or water every two hours, until relieved; then reduce the dose gradually to a teaspoonful; no dose to be taken in less than two hours after eating. Should be made fresh when needed for use.

This may be alternated, with much benefit, with a good camphor mixture. The heavily loaded tongue is well met with sulphite of sodium.

The "R" before one of your prescriptions should stand for "Rest." This should be absolute and complete, both physical and mental. Thus, the busy man who keeps at his work as long as he can stand up, and then goes to bed to have his papers and correspondence read to him, and dictates replies to his letters, is virtually committing suicide. As between rest and no medicine, and medicine and no rest, the influenza patient would by far better take the former.

—*Med. World*.

WANTED, A CURE.—The influenza is once more in the air, wafted hither and thither throughout the habitable globe, a formidable, disabling and fatal pandemic. Once more we are urgently asked on all sides, "Have we a specific? Can we offer a cure?" It is the old delusion, and the everlasting and unreasoning, but excusable, impatience for the miraculous and the impossible. "Disease comes by Providence and goes by medicine;" that is a durable and popular formula. Of specifics for sale there are, of course, a legion. To sell them is the business of the quacks: the Matteis, the Holloways, the Morrises abound in specifics. There are a dozen available for cholera, for typhoid, for small-pox, for hydrophobia, for cancer—all equally plausible and equally useless except for commerce—and why not for influenza? But is there a specific for any disease? It is more than doubtful. The more we know of the nature and cause of disease, of its origin and life-history, the less we are inclined even to expect the discovery of specifics. Disease we know not as an entity, an enemy to be struck down with a club, or to be expelled by a drug, but as a process, the change of tissues and of fluids, the growth of a microbe, the proliferation of a cell, the secretion of a virus. We can modify the processes, we can lessen their virulent products, we can fortify against their worst effects; we can aid the evolution and perhaps guide it to health; sometimes we can arrest it; and often we can anticipate it. Thus we know how to ward off many diseases; cholera, typhoid, small-pox, hydrophobia, they are enemies whom we can meet at the gate and forbid their approach. Deaths from either of these preventable diseases are, for the most part, violent deaths, inflicted by the ignorance of the people, the neglect of the sanitary authorities. *Populus vult mori*. In their search for specifics they parley with the enemy and they lose their lives. Of influenza we know less than of most other infections; it is aerial, communicable from person to person, and along the lines of travel. For it, as for scarlet fever, we have only isolation as a preventive and palliatives as a treatment. Perhaps one day we shall know more; but there does not seem any likelihood of the discovery of a specific, and judging from numerous analogies, it is far from certain that there is in this any ground for reproach. At any rate, it comes badly from a public and from a generation which is content to leave Great Britain without even one Institute of Preventive Medicine, and which is left to an appeal for funds from a Lister and a Roscoe to found such an institute—in which lies a chief hope for further life saving and the advance of preventive and curative knowledge—while millions are lavished on weapons of destruction, or the more obvious means of charitable relief to physical suffering; and finally on the purchase of fraudulent "specifics."

—*British Med. Jour.*

THE PREVAILING EPIDEMIC OF INFLUENZA.¹—Captain J. F., a hearty man in appearance, well-built and strong, came to the hospital on the 7th of December. He was then sweating profusely, had moderate fever, and suffered with great shortness of breathing. His pulse was 108; temperature 101°; but notwithstanding the fact that the respirations were only 26, he complained of much difficulty in breathing. In the further progress of the case, it was noticed that the face was flushed, and the dyspnoea was attended by pain in the chest and in the back. With this were associated physical signs which did not indicate a pneumonic condition. In truth, upon examination, we found nothing in the chest, except here and there a considerable number of dry râles, with harsh respiration; there was no tubular breathing, and no signs of consolidation anywhere existed; though slight impairment of resonance at the lower part of the right chest pointed to some pulmonary congestion at this place. The expectoration was not blood-colored, and rather free. There was no sore throat, but a very decided degree of laryngitis was present, as shown by great huskiness and almost complete loss of voice; absolute aphonia was never noticed. The urine was found to contain albumin in small amount and a few hyaline casts.

Here, at once, we meet with some points of very considerable interest. His temperature steadily but gradually declined, so that by the 13th it was slightly subnormal, and on the 14th it had found its way back to normal; afterward, for a few days, it was again subnormal, though it is back to normal to-day. The albumin and the hyaline casts have disappeared from the urine. The pain in the back and limbs, and the headache, which were early symptoms, left him before long. We may now consider the patient as absolutely convalescent. The first heart sound is weak in relation to the size of this man; nor is the pulse strong, though you see what a heavily built man he is. The murmur that accompanied the first sound of the heart, early in the case, has disappeared. This is a point to which I especially call your attention.

The treatment consisted in chloride of ammonium for the bronchial affection; quinine, twelve grains daily, as a general tonic, which has lately been discontinued; the chloride of ammonium being stopped also. The tongue still remains slightly coated. The only treatment now needed will be a tonic; we shall give him one-fiftieth of a grain of strychnine, with two grains of quinine, three times a day. The cough is very slight, but you perceive that when the man talks, his voice is still hoarse; his catarrhal laryngitis is not entirely cured. For this condition we will use sprays. He has been using a spray of chloride of ammonium dissolved in Dobell's solution. This will be continued, and, in addition, if the laryngeal catarrh last, we shall make local application to the larynx of zinc sulphate, ten grains to the ounce.

Case II is a Russian, aged about thirty-five. So far as we can make out, he had a previous attack in Russia; he had been ill this time for eight days before coming into the hospital, suffering with headache, loss of appetite, and constipation. The headache was the prominent symptom, and in a day or two after, he had a slight cough. On admission, his temperature was 100°, pulse 82; the respirations were 32; he had a coated tongue. He had no apparent disorder of heart or lungs, though subsequently a few râles were perceptible, scattered

through the chest. After he had been in the hospital for a few days, he became almost absolutely deaf. He had some sore throat, but no loss of voice; redness and relaxation were seen in the throat, but no exudation. He had considerable pain in the back and in the abdomen. No albumin was found in the urine, and no tube-casts.

In this case, we have a peculiarity to note, to which I shall presently call your attention as being one of the striking features of the present epidemic. This man, who has been for ten days in the hospital, still has elevation of temperature. As you see upon the chart, the temperature ranges near 100°; the highest point attained under our observation was early in the case—101 $\frac{3}{4}$ °. It is fair to infer that he has passed with a slightly elevated temperature into the third week of the disease; for the history is that he was, for a week prior to admission, in much the same condition as when he came in. Notice the continued character of the fever, though not a high fever. Notice; also, that the continuous fever has existed with a slightly coated tongue, with poor appetite, with constipation, with languor and fatigue, with headache, but without eruption. Even with the closest scrutiny, we have never been able to detect any eruption of any kind upon his skin. Case II, then, is marked by continuous fever, though the fever is slight; marked by aural symptoms with headache, and also marked by the length of the case and by much general discomfort and prostration.

Case III will illustrate some further points that will serve to indicate the peculiar types of the prevailing epidemic. This patient has also had an illness of two weeks' duration; he is an elderly man, sixty-seven years of age, of good family history, and of good private history. He never had a previous attack; he was taken ill two weeks ago, with pain across the chest and in the abdomen, but no headache. He says that he was very much prostrated at first, and the resident physician adds that, from what he was able to learn, he was almost unconscious. He was admitted with a temperature of 100 $\frac{1}{4}$ °, pulse of 100, and respirations 28. There were no very marked catarrhal symptoms, no laryngeal symptoms, no sore throat, no sweating. He was still complaining of pains in his chest and in the abdomen. The urine was normal. He was placed upon salicylate of cinchonidia, sixteen grains daily, in divided doses, and Dover's powder in small doses at night. He was also given tablespoonful doses of solution of acetate of ammonium every two hours. Under this treatment he has very much improved; the pains are almost gone, and he is less prostrated. As an additional feature in this case, it is to be noticed that he only had an elevated temperature for a few days. Upon auscultation, a few friction-sounds were detected in the left chest, toward the base; there was also some harshness of respiration, in other words, a slight pleurisy with bronchial catarrh at this point. Now, the breathing there is feeble, but no friction-sound is to be perceived. He also is convalescent.

Before proceeding to a discussion of these cases, let me show one other, which I can briefly dismiss, but which I bring before you in order to make my review of this epidemic more complete.

Case IV is another Russian, twenty-one years of age, also suffering with fever, headache, and with congestion of the lungs more marked than in the other cases, but with no pneumonia. He had, however, and this is particularly why I have brought him in, what neither of the other cases have shown, a distinctly high temperature. Now, I will not go into

¹ A clinical lecture delivered at the Pennsylvania Hospital, Philadelphia, December 19, 1891, by Prof. J. M. DaCosta, M.D., LL.D.

this case further than to state that the temperature reached $104\frac{3}{4}^{\circ}$, with a pulse of 100, and respirations 28. But notice this curious temperature-chart. The temperature sank decidedly the day after admission. As we ascertained, the man had only been ill for three days prior to admission; the malady not having begun with a definite chill, but with a good deal of pain in the back and abdomen, also in the chest and in the legs. The temperature, I say, which on admission was so high, was, the next morning, 102° ; it then gradually arose from that again, until on the third evening, forty-eight hours after admission, it had reached $103\frac{3}{4}^{\circ}$. Then, as you see, comes a long line downward, looking like a crisis, and the temperature drops from $103\frac{3}{4}^{\circ}$ to $98\frac{3}{4}^{\circ}$ —almost like a malarial attack. After this break, no rise occurs of more than half a degree. This case was associated with marked sweating, and I will add that sweating still persists to a slight degree. The physical signs in the chest were never marked; there was some congestion of the lungs, and impaired resonance and many râles in the chest, but no consolidation of the lung.

With these four cases before you—although I could show you a great many more from the ward—let us proceed to consider the striking features of the disease now epidemic that they represent. Let us look at these cases as representing types of the malady; though, of course, what I shall tell you is not based solely on these four cases, but on a very large number that I have seen during the last two or three weeks, here and elsewhere; for in truth, the malady is very widely prevalent.

First, as regards the fever, two extremes are met with: the first is represented by Case IV, the other by Case II. They are types absolutely dissimilar. Case IV, which you just saw, is marked by extraordinarily high temperature, rapidly declining, rapidly rising again to nearly the same point; then a marked fall and a termination by crisis, the whole occupying about one week. In Case II a continuous fever existed, which was so like typhoid that the question constantly arose, Is it typhoid? These are the two extremes. You will ask me which of these two extremes is more common in the present epidemic. I answer, Neither. The most common form of the fever process that characterizes this influenza, or catarrhal fever, now epidemic, is represented neither by Case IV nor by Case II, but rather by the case you saw in which the fever was not very high or very prolonged. The temperature is not, as a rule, elevated. The case you saw with high temperature is, indeed, even more exceptional than the one with continued fever and comparatively low temperature. It ought also to be added that the high temperatures are apt to decline gradually, and the case does not generally terminate by crisis, as in Case IV, so that this does not at all represent the average case, which is marked by a temperature without much variation, and subsides by lysis rather than by crisis. Before dismissing the very interesting subject of the fever-temperature, let me call your attention to several points associated with it. In the first place, I do not remember in previous epidemics to have seen so many cases, like Case II, of continued fever-temperature, looking very much like typhoid. I could, in truth, repeat the histories of a number of cases observed during the last few weeks, with headache, with coated tongue, and with low fever, which belonged to the epidemic malady, but without red spots, with constipation, and with nothing of true typhoid about them.

Let me also call your attention to the fact that few of the patients have a distinct initial chill, though chilly sensations at the onset are common. I must also mention a peculiarity of the circulation. It consists in an extraordinary lowering of the pulse late in the disease, though sometimes seen before; a lowering that may show you a pulse in the fifties, most misleading, and attributed perhaps to remedies, especially if digitalis has been given, but which belongs to the disease, and not to the administration of any medicine.

Albumin in the urine, with casts, hyaline and epithelial, is observed to be quite a common occurrence. This, too, is rather peculiar. It shows that there is a tendency to renal complication in the present epidemic, which is worthy of more notice than I can give to it this morning. I will only add that I have not found this albuminuria to be persistent. Retention of urine is not rare, especially in elderly persons.

On looking at the catarrhal symptoms, we are struck by the fact that there is infinitely more laryngeal catarrh than is common in the history of epidemic influenza. In the case of the ship-captain whom you saw first, he has not yet recovered his voice; and I have a lady under observation in whom the whole disease, after the first few days, expended itself on the larynx, and who still has aphonia. I may also add that a kind of aural catarrh is also encountered, attended by pain, deafness and noises in the ears. These types are, to a certain degree, characteristic of the present epidemic; and we also encounter ophthalmias preceding or attending the laryngeal and bronchial catarrh, with its harassing and obstinate cough. A remarkable fact to be noticed is that it is not unusual for the malady to subside with coryza, which may or may not have been present at first, or have been present and disappeared. Again, the catarrhal symptoms transfer themselves readily from one organ to the other. Great disgust for food, coated tongue, anorexia, are common; but intestinal catarrh and looseness of the bowels I have not seen as often as in some previous epidemics.

Now, when we come to the other symptoms—the pains, the nervous phenomena, the sweating, the prostration—the present epidemic does not differ from other epidemics, except that, perhaps, pains in the bones and in the chest, and the sweating, are less prominent than in other epidemics, especially the one that occurred two years ago; but the nervous phenomena, the delirium, the headache, and other symptoms simulating cerebro-spinal fever are fortunately much less common and grave, while the catarrhal form, as already stated, is more common. Yet there are cases showing the nervous system much implicated. I may refer to one I have seen in consultation, in which an old lady lay in a state of stupor on the tenth day, and was aroused with the greatest difficulty, only to immediately relapse into unconsciousness. No albumin was found in the urine, although it was repeatedly tested. There were no signs of delirium, merely absolute apathy and stupor. When spoken to, she replied, but immediately relapsed into stupor. She is a hearty old woman and had previously had good health, although changes in the arteries incident to her age had begun to take place. Great depression and despondency are seen in many cases, especially in old people, whose nervous systems are more depressed by the poison than those of the young. In many of these instances, after the febrile stage is over, the temperature is also depressed, and remains so for a considerable period.

The most singular nervous disturbance I have encountered was in an old lady seen very recently with Dr. Allen, in whom the disorder was ushered in by a violent convulsion, the first she had had in her life. Her arteries were very rigid; the kidneys were sound.

One of the most curious features of the present epidemic is the prevalence of cases that at first glance seem mild cases of rheumatic fever. The joints, especially the wrist-joints, are extremely painful, only very slightly swollen, and doubtfully redder than normal; with the pain, which is great, there is some tenderness. We have two cases of the kind now in the hospital. One had, on admission, the injected eye, the catarrhal symptoms of influenza, with a temperature of 103° , that suddenly dropped to between 99° and 100° . There was a short cardiac murmur, which is disappearing. With the subsidence of the malady the pulse has gone down to 52. The use of the salicylates and quinine proved very beneficial, particularly to the joint pains. In the second, the fever was more continued, though slight; the catarrhal symptoms were marked, the joints very painful. There was no murmur; but under any circumstances the murmur cannot be accepted as disproving the nature of the case, and determining in favor of acute articular rheumatism, for I have already shown you that cardiac murmurs may be present in influenza. It is an interesting question whether these joint cases are due to the poison affecting the spinal centers. The endocardial murmurs mentioned are not, I think, the result of an endocarditis, but are of a functional kind.

The bronchial catarrhs form a very prominent part of the symptoms in the present epidemic, and are very obstinate. There are also many cases of congestion of the lungs, and of deep congestion more manifest in parts, forming a kind of bastard pneumonia. Yet true consolidation is also encountered. At the onset of the epidemic real pneumonia was rare; but now it is not so, and we are seeing the full proportion of this dreaded complication. Pleurisy, too, is encountered.

In this epidemic, as in others, we find influenza intercurrent. I am thus seeing, at present, with an eminent colleague, a case in which, at the beginning of the fourth week of typhoid fever, the temperature suddenly went up to over 104° , catarrhal symptoms and loss of voice showed themselves, and the epidemic poison became most manifest.

I have now given you an outline of the disorder as we encounter it in its varied phases, and have compared, as far as here possible, the symptoms with those of previous epidemic. You will naturally want to be informed if the earnest researches of the last few years, during which influenza has been in many countries so prevalent, has given us any clearer knowledge of its cause. Unfortunately, not. The malady is generally assumed to be due to a microbe; but this is but a probable and intelligent assumption, for the microbe has not been found.

The great majority of the cases are light. Yet this epidemic is like all preceding ones, swelling frightfully the list of mortality. The old and the infirm, when attacked, speedily succumb. It destroys the weakly, and extinguishes the vital spark wherever it is flickering. Indeed, people no longer talk of the malady, as a few years since, with the jaunty air of amusement. It is beginning to be realized that a widespread epidemic of influenza is a national calamity.

In conclusion, I wish to say a few words about treatment. Besides advising, of course, what is self-

evident, that local treatment must be instituted to relieve the laryngeal and aural catarrh, by the usual means, I ask you to watch the chest most closely. We have dry-cupped some of our patients with most evident relief and benefit. Has any specific been found? Is there any treatment that the large experience of the last few years has demonstrated to be akin to specific? I wish I could so state. You know that we live in an age of thought about microbes and microbe-hunting, and it is almost inevitable that our therapeutics should be tinged with the theory of a germ to be destroyed; indeed, you can hardly take up a medical journal without seeing a number of remedies advocated that are to affect the supposed germ. Some of them may do good, possibly, even probably; yet I would not advise you, in treating influenza, to rely upon any remedy solely because it is a microbe-destroyer.

But there is no doubt that our tried friend, quinine, is of value; whether it is because it destroys microbes or not, I cannot say. However, in some cases, when there is a good deal of headache and pain through the body, we substitute the salts of cinchonidia, selecting the salicylate, given in daily doses of from 12 to 18 grains. We must also keep up the action of the skin, and, if there be not much sweating, I am in the habit of using the solution of acetate of ammonium with small doses of morphine. In all cases, too, the strength must be looked after, and elderly persons generally require stimulants.

In instances of much pain in the head and aching in the bones and muscles, Dover's powder in small doses is beneficial, and it or codeine also helps the irritating cough. In others, we give antipyrine or phenacetine, grs. iij, with quinine, gr. j, in powder or capsule, every two or three hours, until the pain is strikingly modified. One of my patients has become so attached to this prescription that he carries the capsules with him constantly to have them on hand, for he is thus sure of relief; and the combination also relieves the pains that may continue after the influenza attack has passed away. But phenacetine and antipyrine are powerful agents, and are only to be employed under the observation of the physician. These are strong drugs, in their way as effective as strychnine, opium, or arsenic, and should not be used except under medical direction.

I will conclude this summary of treatment with the advice to you to look after the heart, even in convalescence, and for the cardiac weakness, or the slow action which may persist, you will find no remedy equal to strychnine.

Again, impress upon every one this rule: Give up early; do not go out too soon. The community that learns this quickest will have learned to avoid much suffering and disaster.—*Med. News.*

FRENCH NOTES.

A. E. ROUSSEL, M.D.

INFLUENZA (DUJARDIN-BEAUMETZ). — 1. *Forma douloureuse.*—Antipyrine and exalgine favorably influence the cephalalgia and rachialgia, which is so persistent at the onset.

Administer the antipyrine in grog or with rum, in the dose of 30 to 45 grains a day.

If you make use of exalgine, direct that a tablespoonful of the following potion should be taken morning and night:

B.—Exalgin.	37 grains.
Essence of mint.	$2\frac{1}{2}$ drachms.
Tilia water.	4 ounces.
Syrup of orange flower.	1 ounce.

Phenacetine has also been productive of good effects, given in capsules of 15 grains twice daily.

Should these medicines fail, we have recourse to injections of morphine.

2. *Gastro-Intestinal Form.*—Characterized by irritability of the stomach and severe pains in the same region. In these cases, rest and the administration of some preparation of opium, such as the elixir of paregoric, 10 drops in a little milk or hot tea three times daily gives the best results.

Watch the condition of the digestive tube, and combat the constipation or the diarrhoea as one or the other may be present.

3. *Catarrhal Form.*—The fever assumes a very distinct intermittent form.

Prescribe the hydrochlorate of quinine in doses of 4 grains, morning and night, and when this intermittent form is accompanied by painful symptoms, associate with the above, antipyrine as follows:

R.—Chlorhydrate of quinine..... 4 grains.
Antipyrine 15 grains.

Take one of these capsules during the night.

Aconite is also of service. To a cupful of hot milk add the following:

R.—Syrup of tolu..... 7 ounces.
Laurel water..... 4 ounces.
Tinct. of aconite root..... 12 drops.

To be divided into three doses and taken during the day.

No matter what the type of the influenza, another indication is imposed: it is to restore the strength of the patient. This malady is accompanied by a considerable moral and physical depression, by anorexia and *nausées*, in a word, a condition of adynamia. Consequently we must employ stimulating drinks, and among them the *thé au rhum* is well-supported.

The alimentation is a difficult matter to arrange, as the patients have no appetite, or digest their food poorly, and the food should be selected to overcome this trouble.

Command the patient to secure rest; he should by no means leave the room, as by far the greater number, if not all serious complications are occasioned by imprudences, especially going out too early. This is particularly true of *broncho-pneumonia*, which has been called *infectious*, but which is rather a broncho pneumonia in an infected person.

Efforts have been made to cure these broncho-pneumonias by injections of antiseptic solutions directly into the lungs.

This is bad practice, for it is against the primitive infection that we must strive.

And the only medication to oppose to these complications is the cardiac tonic medication, as the cause of death is almost always through heart failure; potions, alcohol, grogs, good wine, etc., and subcutaneous injections of caffeine, or else *strophanthus* and *digitalis*.

The following formula is used for injections of caffeine:

R.—Caffeine,
Benzoate of soda..... $\text{aa } 3\frac{1}{2}$.
Boiled water..... $3\frac{1}{2}$.

Inject a syringeful of this mixture two or three times a day.

In certain cases when the face becomes purple and asphyxia imminent we have recourse to bleeding.

Finally, the convalescence is extremely long and the patients are but slowly restored to their normal condition. A trip to the country is one of the best means to promote recovery.

GRIPPE IN CHILDREN (Comby).—Administer antipyrine and quinine, either alone or combined.

Associate the sulphate of quinine with antipyrine in small capsules containing $1\frac{1}{2}$ grains of each medicament, three or four to be taken each day.

Avoid large doses of antipyrine to escape therapeutic intoxication. Evacuants prescribe in all cases. In children who vomit and cough administer the potion of *ipecacuanha* in doses of from 7 to 15 drops, according to age, in half a glassful of sweetened water.

In those who are apparently bilious and constipated give purgatives, calomel or scammony in doses of 8 grains, castor oil in doses of 4 drachms (rather large doses for children.—A. E. R.)

When the symptoms of gastric distress continue return to the evacuant medication, and add three or four capsules, each containing 3 grains of naphthol and 3 grains of salicylate of bismuth.

In all cases rest in bed, or in the room, and careful diet; milk bouillou, etc.

Necessity for a rich diet during convalescence and stimulating and tonic therapeutics; syrup of iodide of iron, cod-liver oil, salt baths, sojourn in the country, etc.

—From *La Pratique Journalière des Hôpitaux de Paris*.

GERMAN NOTES.

HERMAN D. MARCUS, M.D.

GANGRENA PEDIS POST INFLUENZAM.—Dr. Oskar Johansen (Liban), observed during the last epidemic of influenza (1890-91), a case of influenza, followed by gangrene of the foot. The patient, fifty-two years old, had, during the attack, acute nephritis, which seemed to be ushered in by a slight paresis of the right arm, pain in right foot, which pain increased on the following day. The foot became soon swollen; became discolored, and gangrene set in. Amputation of the diseased member through the middle of the femur disclosed the presence of thrombi in all veins. In this case the thrombosis caused primarily the gangrene. Later on, he reported the case of a girl, fifteen years old, which developed a severe phlegmasia alba dolens during an attack of influenza.

—*Petersb. Med. Wochenschrift*.

THE INFLUENCE OF INFLUENZA ON THE GROWTH OF TUMORS OF THE FEMALE GENITAL ORGANS.—Karl Leclerc (Gynæcolog. Clinic of Prof. Freund in Strassburg), reports the following on above subject:

The sequelæ of influenza demonstrate clearly the fact that we cannot consider la grippe as a local catarrh, but as a disturbance of the whole system. A peculiarity in our clinic was the influence which la grippe had on the growth of the tumors of the female genitals.

It is an acknowledged fact that la grippe exercises an influence on the female genitals, such as increased menstrual flow, leucorrhœa, abortion, unfavorable effects on pregnancy, and on the lying-in period.

During the summer of 1890, we observed at our clinic a great number of large tumors in the pelvis, which have attained a remarkable large growth during the last few months; all these patients gave a history of influenza during the preceding winter, and claimed that the rapid growth of the tumor is due to la grippe.

Nine cases of this sort were seen: 2 subserous myomas, 4 ovarian cysts, 2 generalized carcinomas of the ovaries, and 1 extensive carcinoma of the pelvic organ. All these tumors were discovered only after the influenza.

Upon this experience, Dr. Leclerc concludes that la grippe has awakened the dormant disease, and the weakened system was unable to resist the rapid development of the tumors.—*Wiener Med. Blatt*.

INFLUENZA-OTITIS.—Jansen reports over 100 cases of otitis after influenza, which he observed at the University clinic in Berlin. In one-seventh of these cases no perforation occurred, and the attack passed soon away. A few times he found the hemorrhagic vesicles on the inflamed tympanic membrane; twice the mastoid process became affected. In the largest percentage of cases perforation occurred.

—*Arch. f. Ohrenheilkunde*.

INFLUENZA—Prof. Nothnagel (Vienna), says the following on the subject of influenza:

Influenza is an affection which has been recognized as far back as the ninth century. Since 1,400, influenza has appeared in Europe every century. La grippe is a disease which appears pandemic, even to a greater extent than cholera. Experience teaches that it appears for three or four years in succession, and then lapses for perhaps twenty years or more. Influenza is undoubtedly an infective disease, but to this day bacteriology has not succeeded to isolate the specific germ causing this affection. We can positively say that influenza can appear as a miasmatic, because observations taught us that la grippe can be distributed quicker than the human intercourse.

Some authors claim the disease to be both miasmatic and contagious. It is certainly miasmatic, and most likely also contagious. We may divide influenza in three forms: nervous, gastric and catarrhal. It has been universally observed that complications of the respiratory organs greatly enhance the dangers from this disease.

Prognosis is doubtful. Anæmic persons, who have cardiac troubles, or are tuberculous, seem to be in the greatest danger. No specific remedy to combat the disease has been found so far. Great care must be taken when using such remedies as antipyrine, antifebrin, or phenacetine, owing to the depressing effect of these drugs on the heart muscle. Stimulants are required, such as digitalis, wine, cognac, and subcutaneous injections of camphor.—Report in *Internat. Klin. Rundschau*.

SALIPYRINE IN INFLUENZA.—Salipyrine is of the greatest benefit in the nervous and cardiac forms of la grippe; it is an excellent remedy in the respiratory and gastric form.

In the first forms salipyrine, with proper hygienic and dietetic measures, will suffice to properly treat the disease. In the latter varieties it is combined with proper expectorants and intestinal disinfectants. Following is a very pleasant mixture to take:

R.—Salipyrine	3iiss.
Glycerini	3iiiss.
Syr. rubi idæi	3viiss.
Aquæ dest.	3x.

M.—One teaspoonful every fifteen minutes or half hour.

The taste disappears soon, but if patients are very sensible it may be administered in capsules or wafers containing from $7\frac{1}{2}$ to 15 grains. Large doses at short intervals, especially after 3 P. M., are of the greatest benefit, and it will be found that 40–60 grains in one quarter, one-half, or one hour intervals will be sufficient to greatly improve the patient.

The rheumatic nervous symptoms, the fever and prostration, disappear in from three to six hours, the patient passes a good night, and awakens the next morning greatly improved, at times well. In such cases 15–30 grains, for a few days, will be found sufficient to entirely cure the patient.

In the respiratory form salipyrine is combined with the fluid extract of cocillana (1 teaspoonful three or four times daily). In the gastric variety, creoline and muriatic acid may be added.—Arthur Heming, in *Allg. Med. Central Zeitung*.

THERAPY OF INFLUENZA.—Dr. Marotte (Paris) recommends chlorammonium as the best remedy in influenza. He prescribes it not only in the typical influenza, but also in influenza complicated by congestion of the lungs, gastric and liver disturbances, and in some cases of pleuritis and coryza. He claims it to be a preventive of otitis following la grippe. The dose for adults is about 22 grains, in three portions, per die, to be taken during meals. From 40–80 grains may be given without endangering the patient.—*Wiener Med. Presse*.

SALIPYRINE IN INFLUENZA.—Salipyrine ($C_{11}H_{12}NOC_7H_6O_3$) combines the excellent qualities of antipyrine and salicylic acid, and should be given in all cases which demand a combination of these two drugs. Experience teaches that salipyrine takes the place of a specific against influenza and coryza.

The dose is the same as that of antipyrine, but should be begun with small doses. Being insoluble in water, it is best given as a powder.—J. Barber and S. Koenig, in *Internat. Klin. Rundschau*.

Medical News and Miscellany.

DR. CLAUSEN'S NEW POSITION.—Dr. Joseph R. Clausen, a resident of the Twenty-sixth Ward, has been appointed by Mayor Stuart a member of the Civil Service Examining Board.

DR. OHMANN-DUMESNIL has assumed editorial charge of *The Weekly Medical Review*. He is well-known to our readers by frequent quotations from his writings, and the interests of the *Review* will assuredly be advanced by his connection with it. The initial number under his direction is an excellent one.

DR. N. SHERMAN LODER, whose death is announced from the grippe, complicated with heart and lung troubles, was born January 5, 1865, in Monroe county.

He was educated in this city at the High School, and in 1884 he graduated at Jefferson Medical College, and after special study for five years went abroad, where he studied at Vienna. He visited and inspected the Berlin hospitals and returned to this city in 1890.

J. B. FLINT & Co., New York, have in press, and ready early in the current year, the following books: A complete system of "Gynæcology and Obstetrics," with 869 new illustrations based upon translations from the French of Pozzi, Auvard, and others; revised by Chas. Jewett, M.D.; bound in leather or half morocco, \$8 00.

"Flint's Condensed Complete Encyclopædia of Medicine and Surgery." Arranged on a new system, and embodying the various methods of treatment employed by eminent practitioners. The most valuable and complete work of this nature ever published. The result of a year's labor of a large corps of writers. Leather or half morocco, two volumes, \$8 00 per volume. The above works sold by subscription.

Also in press, ready March 1, the "Electro-Therapeutics of Gynæcology." by Augustin H. Goelet, M.D. Cloth bound, \$2.50.

THE TIMES AND REGISTER.

WEEKLY Report of Interments in Philadelphia, from January 2 to January 9, 1891:

CAUSES OF DEATH.	Adults.	Minors.	CAUSES OF DEATH.	Adults.	Minors.
Abscess.....	2	1	Inanition.....	7	7
Anemia.....	1	1	Influenza.....	54	7
Alcoholism.....	1	1	Inflammation bladder.....	1	
Apoplexy.....	20		" " brain.....	13	
Bright's disease.....	9	1	" " bronchi.....	19	13
Burns and scalds.....	1		" " kidneys.....	3	1
Cancer.....	12	1	" " larynx.....	1	1
Casualties.....	6	1	" " heart.....	1	
Congestion of the brain.....	1	3	" " lungs.....	11	42
" " lungs.....	4	4	" " peritoneum.....	1	
" " liver.....	1		" " pleura.....	1	
Childbirth.....	1		" " s. & bowels.....	3	2
Cholera infantum.....	1		" " spine.....	1	
Cirrhosis of the liver.....	2		Locomotor ataxia.....	1	1
Consumption of the lungs.....	70	6	Malformation.....	1	2
Convulsions.....	12		Mania a-potu.....	1	
" " puerperal.....	1		Marasmus.....	1	4
Croup.....	20		Neuralgia of the heart.....	1	
Cyanosis.....	4		Old age.....	26	
Debility.....	3	3	Paralysis.....	3	
Diarrhoea.....	2	1	Poisoning.....	1	
Diphtheria.....	42		Rheumatism.....	1	1
Disease of the heart.....	29	8	Rupture of Oesophagus.....	1	
" " hip.....	1		Septicæmia.....	2	
" " spine.....	1		Softening of the brain.....	3	
Dropsy.....	1	3	Suffocation.....	2	
Dysentery.....	1		Suicide.....	1	
Effusion of the brain.....	1		Syphilis.....	1	
Erysipelas.....	1		Tabes Mesenterica.....	1	
Enlargement of the heart.....	1	1	Tumor.....	1	
Fever, catarrhal.....	1		Ulceration of the stomach.....	3	
" " malarial.....	1		Uremia.....	2	
" " scarlet.....	15				
" " typhoid.....	4	1	Total.....	422	231
Homicide.....	1				

OF THE FOREGOING THERE WERE:

Under 1 year.....	75	From 40 to 50.....	57
From 1 to 2.....	39	" 50 to 60.....	45
" 2 to 5.....	58	" 60 to 70.....	74
" 5 to 10.....	34	" 70 to 80.....	92
" 10 to 15.....	8	" 80 to 90.....	46
" 15 to 20.....	17	" 90 to 100.....	10
" 20 to 30.....	48	" 100 to 110.....	
" 30 to 40.....	50		
Total.....	653		

WARDS.		WARDS.		WARDS.	
First	34	Thirteenth	8	Twenty fifth	30
Second	22	Fourteenth	12	Twenty sixth	40
Third	16	Fifteenth	23	*Twenty seventh	29
Fourth	10	Sixteenth	15	†Twenty eighth	34
Fifth	5	Seventeenth	16	Twenty ninth	34
Sixth	7	Eighteenth	8	Thirtieth	19
Seventh	24	Nineteenth	35	Thirty first	16
Eighth	15	Twentieth	19	Thirty second	17
Ninth	8	Twenty first	17	Thirty third	18
Tenth	16	Twenty second	37	Thirty fourth	20
Eleventh	5	Twenty third	13	Thirty fifth	5
Twelfth	8	Twenty fourth	18		

*Includes deaths in Almshouse.

†Includes deaths in Municipal Hospital.

Nativity.—United States, 468; foreign, 175; unknown, 10, people of color, 30; premature birth, 13; still born, 17.

Males, 301; females, 352; boys, 109; girls, 122.

The number of deaths, compared with corresponding week of 1891 and of last week, was as follows:

Week ending January 10, 1891, was 398.

Week ending January 2, 1892, was 718.

By order, MOSES VEALE, Health Officer.
J. V. P. TURNER, Chief Registration Clerk.

CLASS BANQUET.—The "Class of '78," of Jefferson Medical College, held its fourth annual banquet at the Hotel Bellevue December 29, 1891.

The invited guests were Professors DaCosta and W. H. Pancoast, the two living professors of the faculty of 1878, and Dr. T. H. Andrews, with Dr. L. Webster Fox, class president in the chair.

Among those present were Drs. Daniel E. Hughes, A. H. Hulshizer, Frantz, J. Moore Campbell, T. E. Conard, M. John Cummings, Nevin B. Shade, Lambert Ott, Harry Brous, H. Howard Drake, J. A. Walmsley, Arney, H. Page Hough, Fred. A. Oliver, F. H. Carrier, and J. W. Sempsel.

The next banquet will be held in Philadelphia November 10, 1892.

THE College of Physicians, of Philadelphia, held its annual meeting for the election of officers, for the present year, January 6, 1892. Dr. S. Weir Mitchell was elected President; Dr. J. M. DaCosta, Vice-President; Dr. Chas. W. Dulles, Secretary; Dr.

Chas. Stewart Wurts, Treasurer; Dr. Frederick P. Henry, Treasurer. Two new Fellows were elected—Drs. Guy Hinsdale and Ralph W. Seiss.

At the meeting a communication from Dr. Gregorio Fedelli, of Rome, on "A Rare Type of Malarial Fever," was read by the Secretary; and Dr. Frederick A. Packard read a report of a case of acromegaly, and exhibited patients. Dr. Frank Woodbury presented the brain of a patient who had died of influenza, showing the lesions of diffuse leptomeningitis, resembling those seen in cerebro-spinal fever. The cord was not examined. There was no eruption.

The Council of the College have now under consideration the formation of sections devoted to special departments of medical science. A number of meetings of Fellows interested in ophthalmology have been held during the past year, and have been well attended.

FOR EMERGENCIES.—We will send to any physician for one dollar a handsome vest pocket case of fine leather, containing one dozen vials of one hundred Dosimetric Granules each, of the following drugs: Aconitine, Muriate of Apomorphine, Brucine, Muriate of Cocaine, Colchicine, Digitaline, Emetine, Elaterin, Glonoin, Muriate of Morphine, Arseniate of Strychnine, Nitrate of Pilocarpine.

This list of drugs will be found very convenient for the purpose of meeting the ordinary emergencies of medical practice, without waiting to send to the drug store. These granules are accurately and scientifically made from the purest drugs, are readily soluble, and those which are ordinarily used for hypodermic injection are especially made suitable for such use, thus obviating the necessity of carrying hypodermic tablets.

This case will not be sent on these terms more than once to any physician. It is our "educator," to enable the doctor to become acquainted with Dosimetric Granules, and with our granules in particular. Becoming accustomed to their use he will gradually extend his list.

You get by this offer twelve hundred doses of very important drugs, accurately prepared in measured doses, and a handsome case, for one dollar—the actual value being not less than three dollars. To get the benefit of this offer please specify THE TIMES AND REGISTER in making your order.—The Philadelphia Dosimetric Co., 2009 Arch St., Philadelphia.

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